

Neo-Medrol Acne Lotion

the professional solution

now available in new 100 ml economy size

To the teenager, acne is a very personal problem. At a time when a young person most desires popularity and social acceptance, skin blemishes often undermine self-confidence and may cause psychic as well as physical scars.

Neo-Medrol Acne Lotion offers a professional solution to the problem of acne. Four active ingredients control inflammation, reduce excessive oiliness, and promote healing. Neo-Medrol Acne Lotion spreads easily over the affected area and works invisibly. The lotion's non-medicated scent and non-greasy, vanishing lotion base make it highly acceptable to both boys and girls. Neo-Medrol Acne Lotion is available in convenient plastic squeeze bottles. The choice of sizes helps ensure economical treatment.

Each ml contains Medrol (methylprednisolone) acetate 2.5 mg (0.25%), neomycin sulphate 2.5 mg (0.25%) (equivalent to 1.75 mg neomycin base), sulphur (from colloidal sulphur) 50 mg (5.0%), and aluminium chlorhydroxide complex 100 mg (10.0%).

Administration: Apply sparingly to the affected area once or twice a day. Most patients find the once-a-day application sufficient.

Cautions: Should not be used in the presence of cutaneous infections due to organisms for which specific therapy is not available. Avoid contact with the eyes. Detailed information is available on request.

Supplied: 30 ml, 60 ml, and 100 ml plastic squeeze bottles.

Also available without neomycin as Medrol Acne Lotion in 30 ml, 60 ml and 100 ml plastic squeeze bottles.

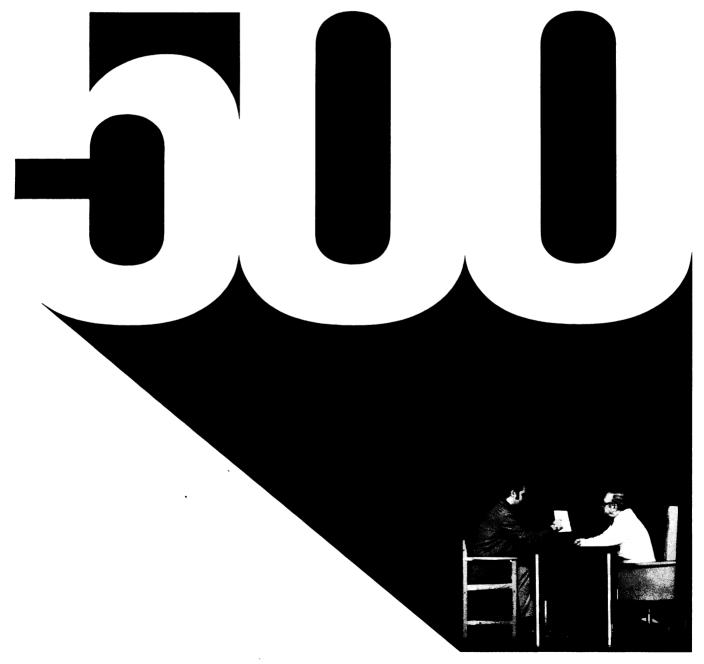
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How a ROCOM consultant

can help you save up to 500 hours per year and improve patient care by the problem-oriented approach to managing medical time.



The ROCOM system can stretch a medical hour to 80 minutes.

make practice and patient care more productive.

At left is one of 27 time management consultants of ROCOM who can assist physicians to adapt this new widely acclaimed "Problem-Oriented Medical Record" system to everyday practice.

Because the POMR system has many major features compared to traditional source oriented data recording methods, medical educators and practitioners in Canada and the U.S. have given it their endorsement.

The ROCOM consultant's advice is complimentary.

POMR systems save time – induce better patient care

Problem-oriented record keeping in office, and hospital helps to obtain and chronicle the pertinent knowledge required to diagnose and treat patients in a more organized fashion.

POMR provides the physician with fuller information and understanding of patients' health needs and facilitates delegation of data collecting chores.

By using the ROCOM Patient Data Base System alone, physicians can save up to 20 minutes per new patient and stretch the hour to 80 minutes.

ROCOM medical record system

Simple yet comprehensive, it makes possible a review of patients' history at a glance and instant retrieval of data. Colour coding leads to quick location of files and reduces likelihood of misplacement.

When you call in a ROCOM consultant he will

- Analyse present record keeping.
- Give recommendations on implementation of a POMR system.
- Assist aides in implementation.
- Suggest the necessary Medical Record, Health History, and Telephone message forms to provide better communication within the health care team.
- Help to enhance patient scheduling and flow.
- Help you save up to 500 hours per year of medical time.

To invite a ROCOM consultant to call merely complete, tear out and mail the coupon below.

ROCOM Hoffmann-La Roche Limited P.O. Box 1220, Station ''A'' Montreal, Quebec H3C 2Z2
Gentiemen: Please have a ROCOM consultant phone for an appointment.
Name:
Specialty:
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Some heads don't need Selsun*

... But, for controlling dandruff, there isn't a more effective treatment than

Selsu

Selenium Sulfide Suspension ABBOTT STANDARD

A non-alkaline lathering suspension Controlled pH

EFFICACY: In a recent clinical study¹, 2.5% Selenium Sulfide (SELSUN) was compared with 2\% zinc pyrithione. SELSUN was found to be more effective.

- Improvement noted earlier, after the second treatment.
 Suppression of scaling generally faster by 3 weeks.

SAFETY: No significant selenium absorption has been observed.

It is precisely because of its safety and efficacy record for almost two and a half decades that medicinal SELSUN has come to be regarded as "Classic Therapy" for dandruff and seborrheic dermatitis.

Precautions and side effects: Keep out of the eyes: burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. 1. Kligman, A.M., et al.: J. Soc. Cosmet. Chem., 25:73, 1974.





*RD, T.M. 402469



SELENIUM SULFIDE SUSPENSION, ABBOTT STANDARD

dandruff treatment dically approved





(amoxicillin)

Pediatric Suspensions in 2 potencies— in convenient 5 & 7 day therapy units—and NEW Pediatric Drops.

AMOXIL drops and suspensions were developed specifically for easy and convenient use in pediatric practice.

AMOXIL's pleasant fruit flavor makes it easy to administer.

AMOXIL is almost completely absorbed so there's a lower incidence of gastrointestinal disturbances, particularly diarrhea.

AMOXIL features convenient t.i.d. dosage.

Best of all, AMOXIL possesses all the safety features normally associated with the penicillins.

New AMOXIL Pediatric Drops:

15 ml (50 mg/ml)

AMOXIL-125 Pediatric Suspension: 75 ml (125 mg per 5 ml)—5 day therapy

100 ml (125 mg per 5 ml)—7 day therapy

AMOXIL-250 Pediatric Suspension: 75 ml (250 mg per 5 ml)—5 day therapy

ension: 100 ml (250 mg per 5 ml)—7 day therapy

INDICATIONS Infections of the earlier set and mental items of the upper respiratory tractique to H, influenciae infections of the service of the service of the service of the skin and soft tissues due to strept coocci permissions explain to the skin and soft tissues due to strept coocci permissions explain to the skin and soft tissues due to strept coocci permissions explain to the skin and soft tissues due to strept coocci permissions explain to the skin and soft tissues due to strept coocci permissions explain the skin and soft tissues due to strept coocci permissions explain the skin and soft tissues due to strept coocci permissions and the skin and soft tissues due to strept coocci permissions are skin and soft tissues due to strept coocci permissions and the skin and soft tissues due to strept coocci permissions are skin and soft tissues due to strept coocci permissions are skin and soft tissues due to strept coocci permissions are skin and soft tissues due to strept coocci permissions are skin and skin and skin and skin and skin are skin and skin and skin are skin and skin are skin and skin are skin and skin are skin and skin and skin are skin are skin and skin are skin and skin are skin and skin are skin are skin are skin are skin are skin are skin and skin are s

CHILDREN'S DOSAGE 25 mid/kg/date in existent the second of the second of the second of the loss susceptible organisms: 50 mg/kg/day in glyided doses every a news insecond in the way to a second of the streptococks, pneumocock, penicillin-sensitive

CONTRAINDICATIONS In patients with a hector of a PRODUCT MONOGRAPH AVAILABLE ON RECUEST

AYERST LABORATORIES

Division of Ayerst, McKenna & Harrison, Limited, Montreal, Canada.

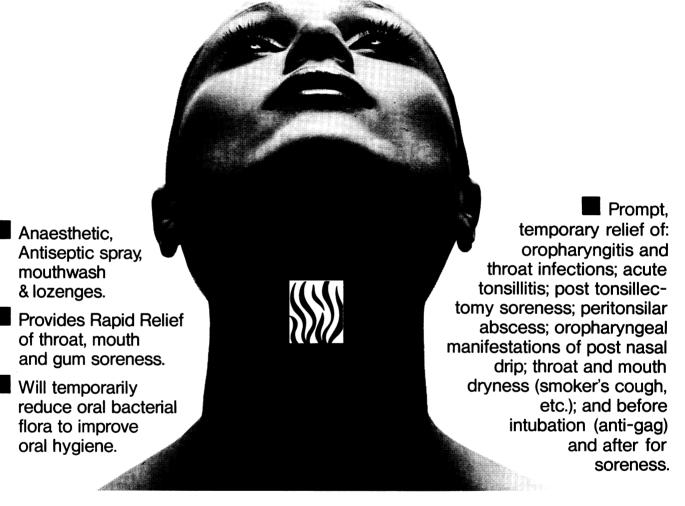
AMOXIL made in Canada by arrangement with BEECHAM. INC.





Sore Throat? Chloraseptic!

spray, mouthwash, lozenges



Chloraseptic Prescribing Information

Action: Provides rapid surface anaesthesia.

Description: Available as a green, clear, anaesthetic, antiseptic, deodorising mouthwash and gargle containing phenol and sodium phenolate (total phenol 1.4%), sodium borate, (0.465% w/v). Also available as green hard candy lozenge containing phenol and sodium phenolate, (total phenol 32.5 mg).

Indications: All those conditions where rapid oral surface anaesthesia is required. Will provide rapid symptomatic relief for mouth and throat soreness; oropharyngitis and throat infections, acute tonsillitis; post-tonsillectomy soreness; peritonsillar abcess; oropharyngeal manifestations of postnasal drip; throat and mouth dryness; before intubation (anti-gag) and after (for soreness).

Dosage: As a mouthwash, gargle and spray, use full strength, expel remainder. Repeat every 2 hours as necessary. Lozenges, dissolve one in the mouth every 2 hours up to a maximum of 8 per day.

Precautions: Not recommended for children under 3 years of age.

Supplied: 170 ml with sprayer; 340 ml refill without sprayer; Lozenges in box of 18.

4®

EATON LABORATORIES Division of Norwich Pharmacal Company Ltd. Paris, Ontario



® EATON LABORATORIES P.O. Box 2002 Paris, Ontario N3L 3G6

Gentlemen,

Please send me a professional sample of Chloraseptic.

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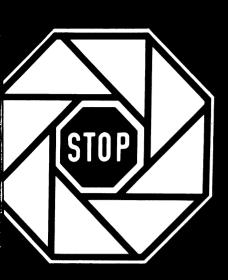
Instant therapy for the topical treatment of both tinea and candidiasis







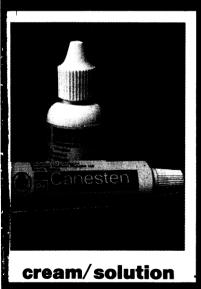
clears the affected area quickly . . . relieves pruritus usually within the first week



Dermatophytes

tinea pedis
tinea cruris
tinea corporis
Yeasts
candidiasis
Other Fungi

tinea versicolor



Instant therapy when your patient can't wait for time-consuming culture identification

- fungicidal action
- excellent penetration right into the stratum germinativum without systemic absorption
- no cross-resistance with other agents
- no contraindications other than hypersensitivity
- single synthetic entity: not a combination or antifungal antibiotic
- well tolerated
- cosmetically acceptable: non-staining, odourless and easily washed off



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Canes

Antifungal agent

PRESCRIBING INFORMATION



INDICATIONS

Canesten solution and Canesten cream are indicated for the topical treatment of the following dermal infections:

- 1) Tinea pedis, tinea cruris, and tinea corporis due to Trichophyton rubrum, Trichophyton mentagrophytes and Epidermophyton floccosum.
- 2) Candidiasis due to Candida albicans
- 3) Tinea versicolor due to Malassezia furfui

DOSAGE AND ADMINISTRATION

Thinly apply and gently massage sufficient cream or solution into the affected and surrounding skin areas twice daily, in the morning and evening

DURATION OF TREATMENT

The duration of therapy varies and depends on the extent and localization of the disease. Generally, clinical improvement with relief of pruritus usually occurs within the first week of treatment. Tinea infections require approximately 3-4 weeks of therapy while in candidiasis, 1-2 weeks treatment is often adequate. If no clinical improvement is observed after 4 weeks, the diagnosis should be reviewed.

If a cure is not mycologically confirmed or in order

that relapses may be prevented (particularly in mycoses of the foot), treatment should, as a rule, be continued for 2 weeks after all clinical symptoms have disappeared.

SPECIAL REMARKS

Added hygienic measures are of special importance in the management of the often refractory fungal diseases of the foot. To avoid trapped moisture, the feet — particularly between the toes — should be dried thoroughly after washing.

Onychomycoses, owing to their location and physiological factors, generally respond poorly to topical antimycotic therapy alone due to poor penetration of horny substance

Treatment with Canesten may be considered in cases of paronychia and as adjunctive therapy in onychomycoses following extraction or ablation of the nail.

CONTRAINDICATIONS

Except for possible hypersensitivity, Canesten solution and cream have no known contraindications.

PRECAUTIONS

As with all topical agents, skin sensitization may result. Use of Canesten topical preparations should be discontinued should such reactions occur, and appropriate therapy instituted.

Canesten cream and solution are not for ophthalmic

SIDE EFFECTS

Large scale clinical trials have shown that Canesten solution and Canesten cream are very well tolerated after topical application.

Erythema, stinging, blistering, peeling, edema, pruritus, urticaria, and general irritation of the skin have been reported infrequently.

AVAILABILITY

Canesten solution 1% is supplied in 20 ml plastic bottles, in carton. Each ml contains 10 mg of clotrimazole in a nonaqueous vehicle.

Canesten cream 1% is supplied in 20 g tubes, in carton. Each g contains 10 mg of clotrimazole in vanishing cream base.

REFERENCES

- 1. Polemann, G., et al., Postgrad. Med. J., 50 Suppl
- 54, 1974.

 2. Plempel, M., et al., Postgrad. Med. J., 50 Suppl. 11, 1974. 3. Duhm, B., et al., Postgrad. Med. J., 50 Suppl. 13,
- 1974. 4. Wahlberg, J.E., et al., 50 Suppl. 53, 1974. 5. Gip, L., Postgrad. Med. J., 50 Suppl. 59, 1974. 6. Nakama, T., J. of West-Japan Dermatology 34, No. 6, Dec. 1972.

For full prescribing information please consult the Canesten Product Monograph or your Boehringer Ingelheim representative.



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FBA-30-



An Open Letter To This Month's Guest Editorialist

Dear Dr. Cohen:

Thank you for writing this month's editorial (p. 7) on behalf of women patients. Now I'd like to apply what you say to the medical profession itself. How can physicians expect to treat their female patients without condescension when they don't even do that for their women colleagues? I'm sure you've experienced the kind of thing I mean — the meetings which are constantly addressed by the term "gentlemen", even though some of the participants may not be of that persuasion, or the phrases like "if we are to continue attracting good men into the profession" . . .

As an editor, I don't expect people to sprinkle their prose with unwieldy 'he/shes' or 'him/hers' at every turn, providing there's some acknowledgement at the outset that in fact half the human race happens to be female. But all too often I'm faced with phrases like "this patient should be referred to a good ENT man'. What's so difficult about using the word 'person' - or better still, 'physician'?

Recently I attended a meeting at which many of the participants were Dalhousie University graduates. Dalhousie is well known for having a large proportion of women in its medical school, so I hoped to see and hear fewer instances of this condescension. 'Fraid not – all the male platform speakers were introduced according to their professional capabilities, but the two women who presented cases were referred to as "our local beauties". Now what difference would it have made if they'd had faces like the back end of a bus? They weren't there as contestants in the Miss Canada pageant but as respected physicians of the community. Of course, I ought to acknowledge that when I first attended the same meeting five years ago, the only women on the platform were patients, so things have improved.

But it still bugs me when I sit at the same table as a chairman who insists on addressing those present as "gentlemen", even though there are two women physicians in the room besides yours truly. In speaking to two young women who have set up practice in partnership, I found they had similar beefs. One of them is married and one is single, but it seems that at first, neither of them could win with their colleagues, who thought that the unmarried one would leave to get married, and the married one would be constantly going home to look after the children. Two years later, they're still in practice together and show every sign of continuing that way.

I don't know how it was when you went through medical school, but I've heard instances of admissions committee reports containing comments like: "Aggressive, knowledgeable - will do well" for a male candidate, yet for a female candidate the same report will read: "Very aggressive, but nevertheless should do well". Sauce for the goose?

When the current Ontario Minister of Labor, Dr. Bette Stephenson, became the first woman president of the Ontario Medical Association, one of her (male) colleagues was heard to remark: "Bette'll be all right. She thinks like a man." Perhaps we should reclassify thought processes - masculine and feminine instead of objective and subjective, rather like asking someone if they dream in color.

In case anyone's wondering, I'm not a man hater. Some of my best friends are men, and no, I wouldn't mind if my daughter married one. I'd even let them come and live next door to me. I just don't want to be addressed as one, that's all.

> Margaret McCaffery Editor. CANADIAN FAMILY PHYSICIAN.

WHEN SUSTAINED ESSENTIAL HIGH BLOOD PRESSURE IS YOUR JUDGEMENT

JUDGE THE ADVANTAGES OF

(methyldopa and chlorothiazide)

EFFECTIVENESS

of two proven agents for lowering supine and standing blood pressure.

PROTECTION

of the vital organs from pressure-related damage.

SIMPLICITY OF DOSAGE

unlike some other antihypertensives requiring complex dosage titration, dosage of SUPRES* is easily established.

SUITABILITY

for a wide variety of hypertensive patients; does not exclude those with chronic respiratory disease or congestive heart failure.



INDICATIONS

Essential hypertension.

DOSAGE SUMMARY

Therapy is usually begun by administering one tablet SUPRES*-150 or SUPRES*-250 twice daily during the first 48 hours. Thereafter, daily dosage may be adjusted by deletion of one or addition of one or two tablets, preferably at intervals of not less than two days, until an adequate response has been achieved. The maximal recommended daily dose is 3.0 g of methyldopa and 1.0 to 2.0 g of horothiazide (12 tablets of SUPRES*-150 or 8 tablets of SUPRES*-250, respectively). Where maximum dose has provided inadequate blood pressure control, it is suggested that additional pressure control, it is suggested that additional methyldopa be given as the single drug to obtain the maximal blood pressure response.

Patients with impaired kidney function may respond to smaller doses of the drug than patients with normal kidney function. Syncope in older patients has been related to increased sensitivity in those patients with advanced arteriosclerotic vascular disease; this may be avoided by lower doses of SUPRES*

When increasing dosage, it may be desirable to start with the evening dose to minimize the sedative effect (which sometimes occurs early in treatment or when dose is increased) without exaggerating morning postural hypotension.

Tolerance to SUPRES* may occur occasionally either early or late in treatment, but is more likely between the second and third month after initiating therapy. Increasing the dosage of SUPRES* or either component independently frequently will restore effective blood pressure control.

Transfer from other Antihypertensive Agents

SUPRES* may be introduced into the antihypertensive regimen of patients on treatment with thiazides by stopping the thiazides. In patients on thiazides by stopping the thiazides. In patients on ganglion-blocking agents or guanethidine, by initially decreasing their dosage by fifty percent and subsequently gradually withdrawing these agents while gradually adding SUPRES*, a smooth transition with optimal control of blood pressure can be achieved. Therapy with SUPRES* may be initiated in most other patients already on treatment with other antihypertensive agents (reserpine, hydralazine or MAOI) by terminating these antihypertensive medications. Following such previous antihypertensivetherapy, SUPRES*-150or SUPRES*-250 should be limited to an initial dose of one tablet daily and increased as required at intervals of not less than 2 days. of not less than 2 days

CONTRAINDICATIONS

Active hepatic disease, such as acute hepatitis and active cirrhosis; known sensitivity to chlorothiazide or methyldopa, pheochromocytoma, unsuitable in mild or labile hypertension responsive to mild sedation or thiazide therapy alone; anuria; in preg-nancy and nursing mothers (see WARNINGS). Use cautiously if there is a history of liver disease or dysfunction

WARNINGS

Since thiazides cross the placental barrier and appear in cord blood the usage of SUPRES* when pregnancy is present or suspected requires that the benefits of the drug be weighed against its possible hazards to the fetus, including fetal or neonatal jaundice, thrombocytopenia and other adverse reactions that have occurred in the adult. As thiazides appear in breast milk, do not use during lactation unless the mother stops nursing. As well, studies on methyldopa in pregnancy re-

May precipitate or increase azotemia; cumulative effects may develop in presence of impaired renal function; discontinue if increasing azotemia and oliguria occur during treatment of severe progressive renal disease. Use with caution in impaired hepatic function or progressive liver disease since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Sensitivity reactions may occur in patients with history of allergy or bronchial asthma. The possibility of exacerbation or activation of systemic lupus erythematosus has been reported for sulfonamide derivatives, including thiazides.

When used with other antihypertensive drugs, careful observation for changes in blood pressure must be made, especially during initial therapy.
Dosage of other antihypertensive agents, especially ganglion blockers, must be reduced by at
least 50% because chlorothiazide potentiates their Use coated potassium tablets only when indicated and when adequate dietary supplementation is not practical. Nonspecific small-bowel lesions, consisting of stenosis with or without ulceration, reportedly followed use of enteric-coated potassium tablets alone or with oral diuretics. These lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Discontinue immediately if abdominal pain distention, nausea, vomiting or abdominal pain, distention, nausea, vomiting or gastrointestinal bleeding occurs.

PRECAUTIONS

Methyldopa

Acquired hemolytic anemia has occurred rarely. Hemoglobin and/or hematocrit determinations should be performed when anemia is suspected. If anemia is present, determine if hemolysis is present. Discontinue methyldopa on evidence of hemolytic anemia. Prompt remission usually results on discontinuation alone or on the initiation of adrenocortical steroids. Rarely, however, fatalities have occurred

A positive direct Coombs test has been reported in some patients on continued therapy with methyl-dopa, the exact mechanism and significance of doba, the exact mechanism and significance of which is not established. Incidence has varied from 10 to 20%. If a positive test is to develop, it usually does within 12 months following start of therapy. Reversal of positive test occurs within weeks to months after discontinuation of the drug. Prior months after discontinuation of the drug. Prior knowledge of this reaction will aid in cross matching blood for transfusion. This may result in incompatible minor cross match. If the indirect Coombs test is negative, transfusion with otherwise compatible blood may be carried out. If positive, advisability of transfusion should be determined by a hematologist or expert in transfusion prob-

Reversible leukopenia with primary effect on gra-nulocytes has been seen rarely. Rare cases of clinical agranulocytosis have been reported. Granulocyte and leukocyte counts returned promptly to normal on discontinuance of the drug

Occasionally, fever has occurred within the first three weeks of therapy, sometimes associated with eosinophilia or abnormalities in one or more liver function tests. Jaundice, with or without fever, may function tests. Jaundice, with or without fever, may occur also, with onset usually within first 2 or 3 months of therapy. Rare cases of fatal hepatic necrosis have been reported. Liver biopsies in several patients with liver dysfunction showed a microscopic focal necrosis compatible with drug hypersensitivity. Determine liver function, leukocyte and differential blood counts at intervals during the first 6 to 12 weeks of therapy or whenever unexplained fever may occur. Discontinue if fever, abnormalities in liver function tests, or jaundice occur. dice occur.

Methyldopa may potentiate action of other anti-hypertensive drugs. Follow patients carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

Patients may require reduced doses of anesthetics when on methyldopa. If hypotension does occur during anesthesia, it usually can be controlled by vasopressors. The adrenergic receptors remain sensitive during treatment with methyldopa.

Hypertension occasionally noted after dialysis in patients treated with methyldopa may occur be-cause the drug is removed by this procedure.

Rarely involuntary choreoathetotic movements have been observed during therapy with methyldopa in patients with severe bilateral cerebro-vascular disease. Should these movements occur, discontinue therapy.

Fluorescence in urine samples at same wave lengths as catecholamines may be reported as urinary catecholamines. This will interfere with the diagnosis of pheochromocytoma. Methyldopa will not serve as a diagnostic test for pheochromocytoma

Check for signs of fluid and electrolyte imbalance, particularly if vomiting is excessive or patient is receiving parenteral fluids. Warning signs, irrespective of cause, are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances. Advise patients to maintain adequate electrolyte intake. Should hypochloremic alkalosis or hyponatremia occur, consider appropriate hyponatremia occur, consider appropriate therapy.

Hypokalemia may develop (especially with brisk diuresis) in severe cirrhosis; with concomitant steroid or ACTH therapy; or with inadequate electrolyte intake. Hypokalemia can sensitize or exagnets the second of the control of the c gerate the response of the heart to toxic effects of digitalis. Prevent or treat hypokalemia with food high in potassium, or with supplemental potassium chloride. Water restriction rather than actual salt replacement may be considered appropriate treat-ment of any chloride deficit except in rare in-stances when hyponatremia is life threatening.

Then appropriate salt replacement is the therapy of choice.

Thiazides may increase responsiveness to tubo-curarine. The antihypertensive effect of the drug may be enhanced in the postsympathectomy pa-tient. Arterial responsiveness to norepinephrine is decreased, but not sufficiently to preclude effectiveness of the pressor agent in therapy. Orthostatic hypotension may occur and may be potentiated by alcohol, barbiturates, or narcotics. Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Pathological changes in the parathyroid glands with hypercalcemia and hypophosphatemia have been seen in a few patients on prolonged thiazide been seen in a rew patients on prototinged infazine therapy. Renal lithiasis, bone resorption, and peptic ulceration have not been seen. The effect of discontinuing thiazide therapy on serum calcium and phosphorus levels may be helpful in assessing the need for parathyroid surgery in such patients.

Hyperuricemia may occur or gout be precipitated. May affect insulin requirements of diabetics. Latent diabetes mellitus may become manifest.

ADVERSE REACTIONS

Methyldopa

Methyldopa
Cardiovascular: Angina pectoris may be aggravated: reduce dosage if symptoms of orthostatic hypotension occur; bradycardia occurs occasionally. Neurological: Symptoms associated with effective lowering of blood pressure occasionally seen include dizziness, lightheadedness, and symptoms of cerebrovascular insufficiency. Sedation, usually transient, seen during initial therapy or when dose is increased; similarly, headache, asthenia, or weakness may be noted as early, but transient symptoms. Rarely reported: paresthesias, parkinsonism, psychic disturbances including nightmares, reversible mild psychoses or depression, and a single case of bilateral Bell's palsy. Gastrointestinal: Occasional reactions generally relieved by decrease in dosage: mild dryness of Gastrointestinal: Occasional reactions generally relieved by decrease in dosage: mild dryness of the mouth and gastrointestinal symptoms including distention, constipation, flatus, and diarrhea; rarely nausea and vomiting. Hematological: Positive direct Coombs test, acquired hemolytic anemia, leukopenia and rare cases of thrombocytopenia. Toxic and Allergic: Occasional drug related fever and abnormal liver function studies with jaundice and hepatocellular damage, (see PRECAUTIONS) and a rise in BUN. Rarely, skin rash, sore tongue or "black tongue", pancreatitis and inflammation of the salivary glands. Endocrine and Metabolic: Rarely, breast enlargement, lactation, impotence, decreased libido; weight gain and edema which may be relieved by administering a thiazide diuretic. If edema progresses or signs of pulmonary tic. If edema progresses or signs of pulmonary congestion appear, discontinue drug. *Miscella-neous*: Occasionally nasal stuffiness, mild arthral-gia and myalgia; rarely, darkening of urine after voidina.

Chlorothiazide

Gastrointestinal System: anorexia, gastric irrita-Gastrointestinal System: anorexia, gastric irrita-tion, nausea, vomiting, cramping, diarrhea, consti-pation, jaundice (intrahepatic cholestatic jaundice), pancreatitis, sialadenitis. Central Nervous System: dizziness, vertigo, paresthesias, headache, xan-thopsia. Hematologic: leukopenia, agranulocyto-sis, thrombocytopenia, aplastic anemia. Cardio-vascular: orthostatic hypotension (may be aggra-vated by alcohol, barbiturates, or narcotics). Hypersensitivity: purpura, photosensitivity, rash, urticaria, necrotizing angiitis (vasculitis), fever, respiratory distress, anaphylactic reactions. Other, hyperglycemia, glycosuria, hyperuricemia, muscle spasm, weakness, restlessness, transient blurred

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

PRODUCT MONOGRAPH AVAILABLE ON REQUEST

AVAILABILITY

No. 8758—Tablets SUPRES*-150, each containing 150 mg chlorothiazide and 250 mg methyldopa, are oval, biconvex shaped tablets, coated with a beige film, with a phi mark on one side and are supplied in bottles of 100 and 500.

No.8759—Tablets SUPRES*-250, each containing 250 mg chlorothiazide and 250 mg methyldopa, are oval, biconvex shaped tablets, coated with a green film, with a phi mark on one side and are supplied in bottles of 100 and 500.

(MC-351a)

*Trademark





TRIGLYCERIDE LEVELS
ARE AS IMPORTANT
AS CHOLESTEROL LEVELS
IN DIAGNOSIS OF
PRIMARY HYPERLIPIDEMIA...



AND THE ONLY AGENT
THAT LOWERS BOTH TRIGLYCERIDE
AND CHOLESTEROL LEVELS
IS ATROMID-S.

ATROMID-S* (clofibrate) is a recent winner of the most coveted pharmaceutical award in France, the Prix Galien—awarded for the decade's most significant therapeutic advance.

And small wonder, considering the relevance of this pharmaceutical achievement. For the correlation between elevated serum lipid levels and risk of atherosclerosis and heart disease is no longer seriously questioned.

ATROMID-S provides a lipid-lowering effect that is consistent and sustained. Patients accept long-term treatment easily, and adverse reactions are minimal and infrequent. The most common side effect is nausea, reported in only about 5%.

Biochemical and clinical tests have confirmed that ATROMID-S lowers serum lipids through modification of normal physiologic processes. It inhibits biosynthesis of cholesterol at an early stage and without the accumulation of toxic intermediates. ATROMID-S is Canada's most widely prescribed lipid-lowering agent.

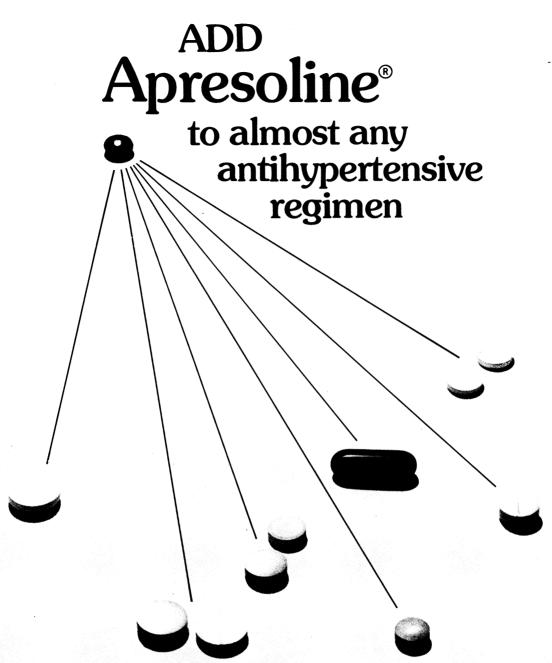
Indications ATROMID-S is indicated where reduction of blood lipids is desirable; e.g., patients with hypercholesterolemia and/or hypertriglyceridemia. Contraindications While teratogenic studies have not demonstrated any effect attributable to ATROMID-S, its use in nonpregnant women of childbearing age should only be undertaken in patients using strict birth control measures. If these patients then plan to become pregnant, the drug should be withdrawn several months before conception. The drug should not be given to lactating women. ATROMID-S is not recommended in children since, to date, an insufficient number of cases have been treated. ATROMID-S is not recommended for patients with impaired renal or hepatic function. Warning Caution should be exercised when anticoagulants are given in conjunction with ATROMID-S. The dosage of the anticoagulant should be reduced by one-third to one-half (depending on the individual case) to maintain the prothrombin time at the desired level to prevent bleeding complications. Frequent prothrombin determinations are advisable until it has been definitely determined that the levels have been stabilized. For PRECAUTIONS and ADVERSE REACTIONS, see scientific brochure. Dosage and Administration For adults only. One capsule (500 mg) four times daily. Availability No. 3243—Each capsule contains 500 mg clofibrate N.F. in bottles of 100 and 360. Further information, references, and scientific brochure available on request.



ATROMID-S*

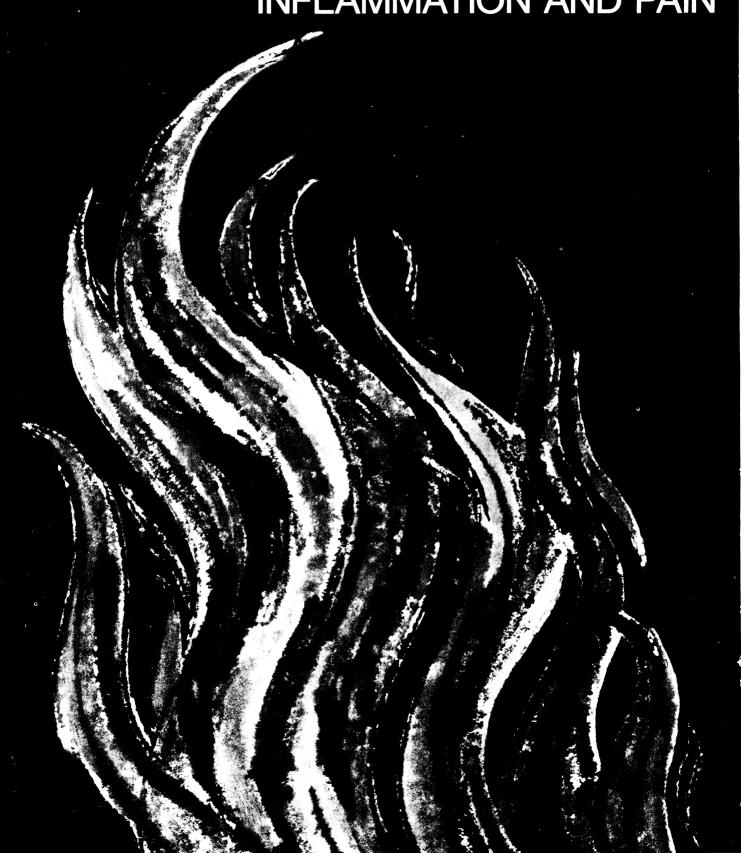
TO LOWER BLOOD LIPIDS SAFELY AND EFFECTIVELY





to achieve a major difference in the control of hypertension with a minimum of adverse reactions

INFLAMMATION AND PAIN



TREATS BOTH



The "Association" A good way to deal with it.

Depression is rarely encountered alone but frequently exists with associated anxiety. This association of depression and anxiety is often regarded as a single entity and can be treated with the single-entity drug Elavil*.

for depression & associated



(amitriptyline hydrochloride, MSD Std.)

INDICATIONS: In the drug management of depressive illness including that accompanied by anxiety. May also be of value in persistent functional nocturnal enuresis when organic causes have been excluded

DOSAGE SUMMARY: Oral: Dosage should be initiated at a low level and increased gradually, noting carefully the clinical response and any evidence of intolerance.

Initial dose for adults: 25 mg three times a day. If necessary, increase doses preferably in the late afternoon and/or bedtime to a total of 150 mg a day. Hospitalized patients may require 100 mg a day in necessary. A small number need as much as 300 mg a day.

Adolescent and Elderly Patients: In general, lower dosages recommended: 10 mg three times a day with

Adviscent and Energy Fatients. In general, lower upsages recommended. To my times a day with 20 mg at bedtime or less, may be satisfactory.

Maintenance dose is usually 25 mg two to four times a day. When satisfactory improvement has been reached, reduce to lowest amount that will maintain relief of symptoms.

Intramuscular Dosage: Initially, 20 to 30 mg four times a day. ELAVIL* Tablets should replace the

injection as soon as possible.

Usage in Children: Not recommended for treatment of depression in children under 12 years of age. In Enuresis: Children 5 to 11 years, 10 to 20 mg one hour before bedtime. In older children 25 to 50 mg

CONTRAINDICATIONS: Known hypersensitivity. Should not be given concomitantly with, nor within at least 14 days following the discontinuance of, a monoamine oxidase inhibitor. Then initiate dosage of amitriptyline HCI cautiously with gradual increase in dosage until optimum response is achieved. Not recommended during the acute recovery phase following myocardial infarction, and in the presence of acute congestive heart failure.

WARNINGS: May block the antihypertensive action of guanethidine or similarly acting compounds. Should be used with caution in patients with a history of seizures or urinary retention, or with narrowangle glaucoma or increased intraocular pressure. Arrhythmias, sinus tachycardia, and prolongation of the conduction time have been reported, particularly with high doses. A few instances of unexpected death have been reported in patients with cardiovascular disorders. Myocardial infarction and stroke death have been reported in patients with cardiovascular disorders. Myocardial infarction and stroke have also been reported with drugs of this class. Therefore, these drugs should be used with caution in patients with a history of cardiovascular diseases such as myocardial infarction and congestive heart failure. Close supervision is required for hyperthyroid patients or those receiving thyroid medication. May impair mental and/or physical abilities required for performance of hazardous tasks, such as operating machinery or driving a motor vehicle.

Usage in pregnancy Safe use during pregnancy and lactation has not been established; in pregnant patients, nursing mothers, or women who may become pregnant, weigh possible benefits against pacified beautiful to make and while

possible hazards to mother and child

PRECAUTIONS: Schizophrenic patients and those with paranoid symptomatology may have increased symptoms, manic-depressives may experience a shift to the manic phase. In these circumstances amitriptyline dosage may be reduced or a neuroleptic such as a phenothiazine may be administered concurrently

concurrently.

Close supervision and careful adjustment of dosages are required in patients receiving anticholinergic agents or sympathomimetic drugs including epinephrine combined with local anesthetics, and those who receive large doses of ethchlorvynol concurrently. May enhance the response to alcohol and the effects of barbiturates and other CRS depressants. The possibility of suicide in depressed patients remains during treatment and until significant remission occurs; severely depressed patients should be closely supervised and should not have easy access to large quantities of the drug. Concurrent electroshock therapy may increase the hazards of therapy; such treatment should be limited to patients for whom it is essential. Discontinue the drug several days before elective surgery if possible.

ADVERSE REACTIONS: Behavioural: Activation of latent schizophrenia; high doses may cause temporary ADVENSE NEACTIONS: Behavioural: Activation of latent schizophrenia; high doses may cause tempora confusion or disturbed concentration, or rarely, transient visual hallucinations; hypomanic reactions; drowsiness which usually disappears with continuance of therapy; insomnia, giddiness, restlessness, agitation, fatigue, nightmares, disorientation, delusions, excitement, anxiety and jitteriness. Neurological: Epileptiform seizures; numbness, tingling, paresthesias of the limbs including peripheral neuropathy; dizziness, fine tremor, headache, ataxia, alteration in EEG patterns, extrapyramidal symptoms, tinnitus and incoordination; severe tremor only observed with high doses. Autonomic: Evidence of anticholinergic activity, such as urinary retention, reversible dilatation of the urinary tract constriction and more carely paralytic layer of particular conserval the addarty, dry mouth

urinary tract, constipation, and more rarely paralytic ileus of particular concern in the elderly; dry mouth, blurred vision and disturbance of accommodation.

Cardiovascular: A quinidine like effect and other reversible ECG changes such as flattening or inversion of T waves, and bundle branch block; orthostatic hypotension, hypertension, palpitation, arrhythmias, heart block, and, with toxic doses, ventricular tachycardia and fibrillation; myocardial infarction and stroke. A few instances of unexpected death have been reported in patients with cardiovascula disorders.

Toxic and Allergic Effects: Bone marrow depression including agranulocytosis, leukopenia, eosinophilia, purpura and thrombocytopenia; jaundice rarely. Allergic type reactions manifested by skin rash, urticaria, photosensitization or swelling of the face and tongue and itching occurred rarely.

photosensitization or swelling of the race and tongue and itening occurred rarely.

Castrointestrian! Nausea, epigastric distress, heartburn, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, parotid swelling, black tongue.

Endocrine: Testicular swelling and gynecomastia in the male, breast enlargement and galactorrhea in the female, increased or decreased libido, elevation and lowering of blood sugar levels.

Metabolic: Increased appetite, weight gain or weight loss in some patients.

Ophthalmologic: Precipitation of latent glaucoma or aggravation of existing glaucoma; blurred vision and prodeionic.**

mydriasis.

Miscellaneous: Other side effects that may occur include fainting, weakness, urinary frequency,

increased perspiration, and alopecia.

Withdrawal Symptoms: Abrupt cessation of treatment after prolonged administration may produce nausea, headache, and malaise; these are not indicative of addiction.

Full prescribing information available on request

HOW SUPPLIED: Ca 3287—Tablets ELAVIL* 10 mg, are blue, biconvex, discoid-shaped film coated tablets, ¼ of an inch in diameter, imprinted MSD 23 on one side and are supplied in bottles of 100 and 1000.

Ca 3288—Tablets ELAVIL* 25 mg, are yellow, biconvex, discoid-shaped film coated tablets, ¼ of an inch La Sco — radiets ELAVIL. 2.2 mg, are yellow, Diconvex, discoid-snaped film coated tablets, $\frac{1}{2}$ of an inch in diameter, imprinted MSD 45 on one side and are supplied in bottles of 100 and 1000. Ca 8655 — Tablets ELAVIL* 50 mg, are beige, biconvex, discoid-shaped film coated tablets, $\frac{1}{2}$ 6 of an inch in diameter, imprinted MSD 102 on one side and are supplied in bottles of 100 and 500. Ca 3286 — Injection ELAVIL*, 10 mg/ml, is a clear, colorless solution, and is supplied in 10 ml vials. Ca 3301 — Syrup ELAVIL* (amitriptyline pamoate, MSD Std.) is a light red syrupy suspension containing in each 5 ml amitriptyline pamoate equivalent to 10 mg amitriptyline base, and is supplied in bottles of 225 ml



In the studied group of physicians, patients presenting frequency alone were suspected of having urinary tract infection in 61 percent of cases, but this was confirmed in only six percent. Obviously one of this present method's weaknesses is that it does not allow us to determine which other factors led to the presumed diagnosis. However, the symptom of frequency alone does not appear to be associated positively with a confirmed diagnosis of urinary tract infection. The overall confirmation of diagnoses is 35 percent. Mond's figure was

diagnosis of urinary tract infection, to

institute treatment, and to have his

diagnosis confirmed on urine culture.

45 percent, Gallagher's 59 percent. This may be due to inexperience of the residents in our training program, but is more likely to be an artifact caused by the data collection system whereby there is a tendency to overdiagnose conditions for the sake of naming them on the encounter form. It remains to be seen from further study whether the accuracy of diagnosis can be used as a measure for evaluating residents in training, or indeed for audit of an individual physician's performance.

The physicians studied were more likely to label the symptomatic female as having infection. The male/female ratio in all patients presenting symptoms is 1:3.3, which is less than the ratio of 1:8.8 for presumed diagnosis, and 1:8.6 for confirmed diagnosis. These figures, combined with the similar rates for accuracy of diagnosis for both males and females, suggest that although the clinical diagnosis of urinary tract infection is difficult, physicians are able to select those patients who are most likely to suffer from the condition. Apparently the presence of dysuria and frequency together, with or without other symptoms, is a major stimulus for the physician to suspect urinary tract infection.

Conclusion

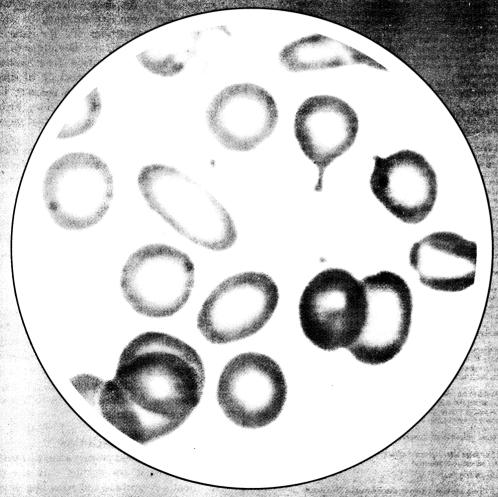
The method employed in this study shows that by starting with the patient's symptoms and recording physician responses, as well as the results of investigations, we gain some insight into the significance of the symptoms, and also into the physician's performance. Although this study was based on a computerized data system in an a cademic setting, the subsequent method of chart review and data abstraction required only manual

Iron deficiency is a widespread problem in Canada.

A report published by Nutrition Canada states:

"Iron deficiency affects a large proportion of Canadians".

"These findings collectively indicate a widespread iron deficiency affecting both men and women". 1



For the optimum management of iron deficiency...

SOW-F3

Also available: New SLOW-Fe folic

For the Optimum Management of Iron Deficiency

Slow-Fe[®]

Formula: Each SLOW-FE tablet contains 160 mg. of dried ferrous sulfate U.S.P. (equivalent to 50 mg. of ferrous iron), in a specially formulated slow release base. The iron content is released evenly over an average period of 1½ hours, the optimum time for maximum effective absorption. The tablets are film-coated.

Indications: The management of iron deficiency states. SLOW-FE is formulated to be better tolerated than ordinary ferrous sulfate tablets and it is therefore especially suitable for prolonged administration. The minimization of nausea and gastrointestinal irritation is advantageous in pregnancy, gastrointestinal disorders, e.g. peptic ulcer, convelescence and in old age, all of which may be associated with simple iron deficiency anemias.

Dosage and Administration: Because it is slowly released an adequate dose is possible by giving SLOW-FE only once daily. As the ferrous sulfate content is evenly distributed through the special slow release base only a very small quantity is released in the stomach. There is therefore no need to advise that SLOW-FE tablets be taken with or after food as with other ferrous sulfate tablets.

Prophylaxis; A single tablet daily is sufficient to maintain iron intake both during pregnancy and in patients with simple iron deficiency.

Iron Deficiency; Depending on the severity, one or two tablets of SLOW-FE daily, usually in one dose. In mild anemias, e.g. hemoglobin above 75%, one tablet daily will usually suffice. For moderate or severe anemias two tablets daily should be given, until the hemoglobin levels return to normal. This physiological process may require up to approximately eight weeks. In most patients the dose can then be reduced to one tablet daily for maintenance, to build up iron reserves over a further 12 to 16 weeks.

For Children: One tablet of SLOW-FE daily is a suitable dose for children able to swallow a small tablet.

Side Effects: Gastrointestinal side effects such as nausea and gastrointestinal irritation — usually occurring with other iron-containing tablets, are unlikely to arise with SLOW-FE.

Treatment of Overdosage: Care has been taken to minimize the risk of accidental consumption of Slow-Fe by children by making the tablets a relatively unattractive off-white colour with an almost tasteless film coat rather than the customary sweet-tasting sugar coat. Moreover the push-through type of foil packaging makes the extraction of many tablets difficult and tedious for children.

However, in the event of overdosage the usual treatment for iron poisoning should be instituted. Because the iron is only slowly released the risk of toxic levels of ionic iron being absorbed is less and there is a wider time margin in which to carry out stomach wash outs; also the use of an iron-chelating agent such as Desferal® (deferoxamine CIBA) is likely to be more effective. The treatment of iron poisoning is described in detail in the CIBA literature on Desferal®.

Contraindications: Iron therapy is contraindicated in the presence of hemochromatosis, hemosiderosis and hemolytic anemia.

Precautions: SLOW-FE like all oral iron preparations, may aggravate existing peptic ulcer, regional enteritis and ulcerative colitis.

Supplied: SLOW-FE tablets are packaged in push-through packs containing 30 tablets per sheet and are available in units of 30, 120 and 4,800 tablets.

Reference: 1. Nutrition Canada National Survey. A report by Nutrition Canada to The Department of National Health and Welfare, Ottawa, Information Canada, 1973.

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C-5024

methods and could easily be modified for use in any practice which keeps a disease index or E book. Urinary tract infection is a relatively easy condition to study in this way because the diagnosis can be definitely made on objective criteria and also the number of symptoms referable to the urinary tract is relatively small. Minimal modifications to the method would allow its use in investigating other symptom complexes.

Acknowledgements

I would like to acknowledge the assistance of Miss Alison Kay in collecting data for this study, Dr. Martin Bass for helpful advice and criticism, and the fact that the original computer work at Western was funded by a Demonstration Model Grant No. 46 from the Ontario Ministry of Health.

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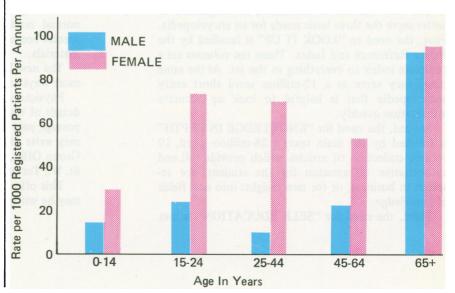
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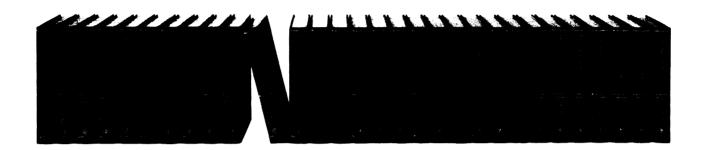
TABLE 5
Symptoms and Result of Urine Culture in Cases Initially Diagnosed
As UTI

Symptoms	Cases	Culture Positive (%)	Culture Negative (%)
Dysuria only	9	2 (4.4)	7 (8.5)
Frequency only	10	1 (2.2)	9 (11.0)
Dysuria & frequency only	32	13 (28.9)	19 (23.2)
Dysuria & other	16	5 (11.1)	11 (13.4)
Frequency & other	15	5 (11.1)	10 (12.2)
Dysuria, frequency & other	32	17 (37.8)	15 (18.2)
Other only	13	2 (4.4)	11 (13.4)
	127	45 (79.9)	82 (100.0)

Fig. 1. The Annual Rate of Patients Presenting One or More Urinary Symptoms



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* will place your patient at ease by alleviating anxiety without undue feelings of sleepiness and lassitude.





A trigger mechanism

"Often the patient's anxiety may increase the organic pathology."1







l'ranxene

CLORAZEPATE DIPOTASSIUM

Anxiolytic-sedative

For management of anxiety

CONTRAINDICATIONS:
Tranxene is contraindicated in patients with myasthenia

Tranxene is contraindicated in patients with myasthenia gravis and with known hypersensitivity to the drug.

PRECAUTIONS: Use in the elderly. Elderly and debilitated patients, or those with organic brain syndrome, have been found to be prone to CNS depression after even low doses of benzodiazepines. Therefore, medication should be initiated in these patients with very low initial doses, and increments should be made gradually, depending on response of the patient, in order to avoid oversedation or neurological impairment.

Dependence liability. Tranxene should not be adminstered to individuals prone to drug abuse. Caution should be observed in patients who are considered to have potential for psychological dependence. Withdrawal symptoms similar to those occurring with this category of drugs have been observed after abrupt discontinuation of clorazepate. Insomnia, nervousness, irritability, muscle aches, diarrhea, tremor, and memory impairment were reported after abrupt withdrawal of large doses of Tranxene taken for prolonged periods.

Use in mental and emotional disorders. Benzodiazepines, such as Tranxene, are not recommended in the treatment of psychotic or severely depressed patients. It

treatment of psychotic or severely depressed patients. It should be recognized that suicidal tendencies may be present and that protective measures may be necessary. Since excitement and other paradoxical reactions may result from the use of the drug in psychotic patients, it should not be used in ambulatory patients suspected of having psychotic tendencies. Patients on Tranxene for prolonged periods should have blood counts and liver function tests periodically. The usual precautions in treating patients with impaired renal or hepatic function should also be observed. Potentiation of drug effects. If Tranxene is to be combined with other drugs acting on the central nervous sys-tem, careful consideration should be given to the phar-macology of the agents to be employed. Animal experience indicates that Tranxene prolongs the sleeping time after hexobarbital or after ethyl alcohol, increases the inhibitory effects of chlorpromazine, but does not exhibit monoamine oxidase inhibition. Clinical studies have shown increased sedation with concurrent hypnotic medications. The action of the benzodiazepines may be potentiated by barbiturates, narcotics, phenothiazines, monoamine oxidase inhibitors, or other antidepressants.

Narrow angle glaucoma. Tranxene should be given with caution, if at all, to patients with acute narrow angle alaucoma.

WARNINGS: Tranxene is not recommended for use in depressive neuroses or in psychotic reactions. Because of the lack of sufficient clinical experience, Tranxene is not recommended for use in patients less than 18 years of age. Since Tranxene has a central nervous system depressant effect, patients should be advised against the simultaneous use of other CNS-depressant drugs and cautioned that the effects of alcohol may be increased. Patients on Tranxene should be cautioned against engaging in hazardous occu-

pations requiring mental alertness, such as operating dangerous machinery including motor vehicles. **Use in pregnancy.** Safety of use in pregnancy has not been established. Therefore, Tranxene is not recommended for use during pregnancy or lactation. The use of any drug in pregnancy, lactation, or in women of childbearing age requires that the potential benefit of the drug be weighed against its possible hazard to mother and child. ADVERSE REACTIONS: The one side effect most frequently reported was drowsiness. Less commonly reported (in descending order of occurrence) were: dizziness, various gastrointestinal complaints, nervousness, blurred vision, dry mouth, headache, and mental confusion. Other side effects included insomnia, transient skin rashes, fatigue, ataxia, genito-urinary complaints, irritability, diplopia, depression, slurred speech, and hypotension. Abnormal hepatic and renal function tests and fall in hematocrit have been reported.

ADMINISTRATION:

Orally. The usual daily dose is 7.5 mg t.i.d. or q.i.d. The dose should be adjusted gradually within the range of 15 to 60 mg daily in accordance with the response of the patient. In elderly or debilitated patients, the starting dose is 3.75 mg once or twice daily.

AVAILABLE:

Three dosage strengths, 3.75 mg, 7.5 mg (most frequently used), and 15 mg.

tinence. It is sometimes possible to palpate bimanually a bladder which still has considerable urine in it after the child is seen to have voided completely. All of these findings will be useful in directing the physician towards ruling out an organic cause for the enuresis.

Complete urinalysis should be done. A urine culture should also be performed, since up to 20 percent of urinary tract infections may not be reflected by white cells in the urine.

It is important when proposing a course of treatment of these children to exhibit interest and enthusiasm in one's approach. A large element of suggestion always accompanies treatment prescribed and the physician's attitude will have a strong effect on the child's performance. It is important to give the child a feeling that his own efforts will help to improve his bladder control. In the younger ages, one may provide rewards, but physical punishment is to be avoided. It is important to explain fully to the child to the level of his understanding. what the program of treatment is, and what you expect from it.

If there are some environmental factors which may be obvious, solutions for these should be suggested. The most common problem may be unsuitable sleeping accommodation. Primary concern, however, is with developing a voiding habit which allows the bladder capacity to increase to the point where the child can void before bedtime and then sleep through the night, getting up to void first thing in the morning.

It is now our practice not to treat any enuretic under age five since the vast majority of these children will stop spontaneously. Recent publications suggest that the drug we use most commonly (imipramine) may be dangerous for patients under age five. Once a child reaches age six, we begin by giving them a combination of imipramine therapy and a calendar system, on which the child keeps track of his own progress and brings it to the physician once every 30 days in order to have his improvement reinforced.

Imipramine is given in doses of 10 mg, two hours before bedtime. In younger children this may be increased to 25 mg and in older children to 50 mg. It is important to continue the treatment for a minimum of three months, since very often, stopping the drug before this may result in relapse. It is useful also to taper the drug off at the end of the three month period by reducing the dosage and giving it every other day in order to wean the child slowly. Occasionally we have found that the use of propantheline 7.5 or 15 mg given at the same time as the imipramine has helped some children who remain resistant to imipramine alone. In our experience, other drugs have been of little use.

The other regimen that we have found useful is the use of an alarm system. It has been our practice not to use this type of system in children under the age of ten. Above this age, an alarm system is used only after the child has been fully studied radiologically with intravenous pyelonegraphy and a voiding cystourethrogram, to establish that there are no significant abnormalities of the urinary tract. Once this has been established, the alarm system has been particularly successful with older children.

Psychiatric help is certainly appropriate for those children who appear to have definite emotional disturbances, or for whom there has been a clear episode of an emotional nature which is precipitating the enuresis.

Finally, endoscopic and surgical methods of treatment are applicable only where unquestionable pathology has been demonstrated in the course of investigating a child with enuresis. The use of urethral dilatations and other manipulations as a primary treatment for enuresis is inappropriate.

In summary, most children who are enuretic, are so on the basis of an immature bladder mechanism. In most children this enuresis will improve and disappear by the time the child is five or six years of age. It is wise to remain somewhat skeptical about all methods of treatment in enuresis since over a period of years from the time of onset of treatment almost all children with enuresis will become dry.

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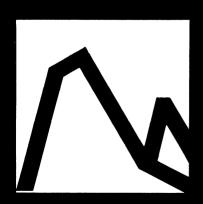
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*T.M.

- tonsillitis pharyngitis
- otitis media sinusitis
- pneumonia bronchitis
- bronchiectasis
- pyelitis pyelonephritis
- urethritis cystitis









AMOXICILLIN

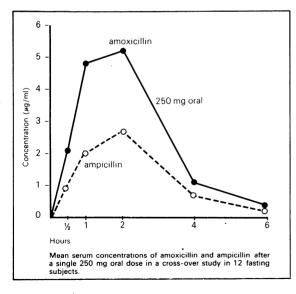
An important new broad-spectrum penicillin

- Convenient and economical T.I.D. dosage
- Virtually complete absorption for maximum effectiveness
- Traditional safety of the penicillins
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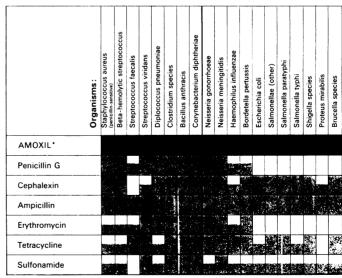
- Rapid onset of action
- Consistently high blood levels even in poor absorbers and independent of meals
- Low incidence of gastrointestinal disturbances
- High urinary concentration

DOSAGE AND ADMINISTRATION: Infections of the ear, nose, and throat due to streptococci, pneumococci, and penicillin-sensitive staphylococci; infections of the upper respiratory tract due to *H. influenzae*; infections of the genitourinary tract due to *E. coli, P. mirabilis* and *S. faecalis*; infections of the skin and soft tissues due to streptococci, sensitive staphylococci and *E. coli*: Adults: 250 mg every 8 hours. Children: 25 mg/kg/day in divided doses every 8 hours. In severe infections or those caused by less susceptible organisms: 500 mg every 8 hours for adults, and 50 mg/kg/day in divided doses every 8 hours for children may be needed. Infections of the lower respiratory tract due to streptococci, pneumococci, penicillin-sensitive staphylococci and H. influenzae: Adults: 500 mg every 8 hours. Children: 50 mg/kg/day in divided doses every 8 hours. This dosage not to exceed recommended adult dosage. Urethritis due to N. gonorrhoeae: 3 g as a single oral dose. CONTRAINDICA-TION: In patients with a history of allergy to the penicillins and cephalosporins. PRODUCT MONOGRAPH AVAILABLE ON REQUEST. SUPPLIED: No. 695 AMOXIL-250 Capsules—250 mg amoxicillin (as the trihydrate); No. 697 AMOXIL-125 Suspension—125 mg amoxicillin per 5 ml; No. 698 AMOXIL-250 Suspension—250 mg amoxicillin per 5 ml.

OUTSTANDING ORAL ABSORPTION



WIDE SPECTRUM OF BACTERICIDAL ACTIVITY



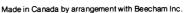
ram-positive Gram-negative

MoxiL

L t.i.d. for patient convenience, fewer missed doses











A fundamental therapeutic advance in gastroenterology.

Unique mode of action.

MAXERAN (metoclopramide monohydrochloride) is a radically new therapeutic agent for regulating upper gastrointestinal tract motility. MAXERAN is unique in its manner of accelerating gastric emptying.
Only MAXERAN produces, simultaneously and in a synchronized way, the following effects:

- Gastric hyperkinesia (1)
- Opening of the pylorus (2)
 - Distension of the duodenal bulb (3)
 - Gastroduodenal transit
 - acceleration (4) .. even after
 - vagotomy.



The modifier of digestive behaviour

Revolutionary treatment of gastric stasis

Because of its unique action, MAXERAN is the one fundamental and logical treatment for the symptoms of gastric stasis such as:

- Epigastric distress Nausea
- Vomiting Bloating Eructation
- Flatulence

Recognized internationally

- MAXERAN is supported by 10 years of clinical use.
- MAXERAN is being used successfully
- in more than 110 countries.

 MAXERAN has been the subject of more than 1500 scientific publications.

NORDIC PHARMACEUTIQUES LTEE PHARMACEUTICALS LTD Laval, Que Canada



Classification: MAXERAN® (metoclopramide monohydrochloride) is a modifier of upper gastrointestinal tract

Indications: Sub-acute gastritis, chronic gastritis, gastric sequellae of surgical procedures such as vagotomy

tric sequeliae or surgical productions and pyloroplasty.
Under these conditions, when gastric emptying is delayed, Maxeran may relieve such symptoms as nausea, vomiting, epigastric distress, bloating, etc.

Small bowel intubation: Maxeran may facilitate and ac-

Small bowel intubation: Maxe celerate small bowel intubation.

Side-effects: Drowsiness and, more rarely, insomnia, fatigue, headaches, dizziness and bowel disturbances have been reported. Parkinsonism and other extra-pyramidal syndromes have been reported infrequently. An increase in the frequency and severity of seizures has been reported in conjunction with the administration of Maxeran to epileptic patients

Precautions: Drugs with atropine-like action should not be used simultaneously with Maxeran since they have a tendency to antagonize effect of this drug on gastrointestinal motility. Maxeran should not be used in conjunction with potent ganglioplegic or neuroleptic drugs since potentiation of effects might occur.

Maxeran should not be used in patients with epilepsy and extrapyramidal syndromes, unless its expected be outweigh the risk of aggravating these symptoms.

In view of the risk of extrapyramidal manifestations metoclopramide should not be used in children unless a clear indication has been established.

The recommended dosage of Maxeran should not be exceeded since a further increase in dosage will not produce a corresponding increase in the clinical response. The dosage recommended for children should not be ex-

Contraindications: Maxeran should not be administered to patients in combination with MAO inhibitors, tricyclic to patients in combination with MAO inhibitors, trocyclic antidepressants, sympathomimetics and foods with high tyramine content, since safety of such an association has not yet been established. As a safety measure, a two-week period should elapse between using Maxeran and administration of any of these drugs.

The safety of use of Maxeran in pregnancy has not been established. Therefore Maxeran should not be used in pregnant women, unless in the opinion of the physician the expected benefits to the patient outweigh the potential risks to the fetus.

Dosage and administration: For delayed gastric emptying

Adults Tablets

 $\frac{1}{2}$ to 1 tablet (5 — 10 mg) three or four times a day before meals.

5 — 10 ml (5 — 10 mg) three or four Liquid:

times a day before meals Injectable: When parenteral administration is

required, 1 ampoule (10 mg) I.M. or I.V. (slowly) to be repeated 2 or 3 times a day if necessary.

Children:

(5 to 14 years): 2.5 to 5 ml (2.5 — 5 mg) Liquid:

For small bowel intubation:

Adults:

One ampoule (10 mg) I.V. — 15 minutes before intubation. Other routes (oral or I.M.) may be used but with a greater period of latency.

Children: (5 to 14 years): 2.5 to 5 ml (2.5 — 5 mg)

Availability: Tablets:

Liquid

Each white scored compressed tablet contains 10 mg of Metoclopramide Monohydrochloride. Bottles of 50 & 500 tablets.

Each ml contains 1 mg of Metoclo-pramide Monohydrochldride. Available in bottles of 110 ml and

Each 2 ml ampoule contains 10 mg of Metoclopramide Monohydrochlo-Injectable:

ride in a clear colourless solution. Keep away from light and hea Available in boxes of 5 and 50

ampoules.

Product monograph available upon





Diabetes, Western Diet **Clearly Linked**

Refined sugar of all kinds, including sucrose, fructose, glucose, and honey, may be dangerous for persons with a genetic disposition to diabetes, Dr. A. M. Cohen, Professor of Medicine at the Hebrew University Hadassah Medical School in Jerusalem, warned at a recent meeting of the American Chemical Society here.

He based his warning on a 15-year study of Yemenite Jews immigrating to Israel. "Before they came here, the Yemenites did not know of sucrose and never used it", he said. "We examined about 6,000 of them some 20 years ago and found almost no diabetes at all. Today, after living on the 'Westernized' diet in Israel, every sixth Yemenite over age 30 - about 15 percent of this group - is diabetic".

Testing these observations, Dr. Cohen carried out experiments in laboratory animals: some were put on "Yemenite" diets, others on "Western" regimens. After two months, the animals were tested for glucose tolerance. Those on "Yemenite" diets were found to be normal, while the others had impaired glucose tolerance, Dr. Cohen said. Lipid metabolism and growth rate also suffered in the "Westernized" group, he added. When he repeated the same experiment in human volunteers, results were the

He even suggested that packages of sugar should carry a warning similar to that on tobacco products, and that more importantly, physicians and educators should instigate a national plan to start children from birth on a low-sugar diet.

Dr. Cohen also stressed that fructose, "considered in many countries as a diabetic sweetener", is no different from sucrose as a diabetogenic nutrient. Moreover, the use of honey is also unsafe for diabetic-prone individuals,

he added. Some commercial bees are even fed sucrose to increase the honey yield, he explained. "To feed a diabetic or a child large amounts of any of these sugars is noxious and dangerous", he told the press.

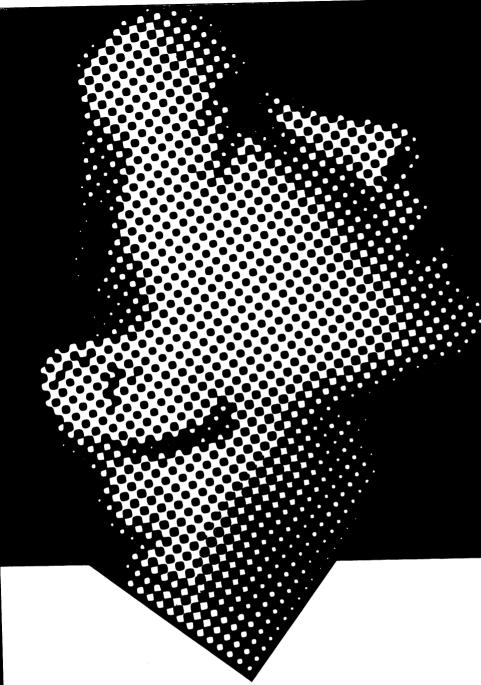
As a substitute, Dr. Cohen recommended starches. "I am against a hunger diet, and I know there are many things men can enjoy without eating sugar", he said.

Medical Tribune, October 22, 1975.

Dietary Potassium: How Much is Enough?

An important consideration in the study of total body and serum potassium levels during prolonged thiazide therapy for essential hypertension is the dietary intake of potassium, especially in the elderly. Dietary deficiency of potassium is commonly believed to be rare in man. Secondary potassium deficiency is very common after prolonged diuretic therapy and in many disease states. In hospitals, potassium deficiency can be observed in patients receiving parenteral nutrition. Since the serum-potassium level is a poor indicator of general body status of potassium, potassium deficiency is difficult to diagnose. Serum levels of potassium may remain normal even after moderate depletion of total body potassium . . .

Studies . . . support the belief that dietary deficiency of potassium can occur in man, especially in the elderly. At present, there is no internationally accepted minimum daily requirement of potassium. The figures available are based on balance calculations. According to Weisberg, the intake of potassium to balance average losses should be approximately 65 meq. per day,



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Pleasant-tasting, easy-to-swallow PVF* Suspension for streptococcal infections such as in TONSILLITIS and PHARYNGITIS.

- PVF* oral preparations are well absorbed and reach peak serum levels in 40 minutes.
- PVF* gives your patients a fast start to a speedy recovery and promotes their rapid return to school or work.
- PVF* stable, fruit-flavoured suspension does not require refrigeration. It comes in two strengths and, with PVF* K Tablets (as potassium phenoxymethyl penicillin), allows complete flexibility of dosage.

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(benzathine phenoxymethyl penicillin suspension, Frosst Std.)

(potassium phenoxymethyl penicillin tablets, U.S.P.)

penicilin tablets, U.S.F.)

INDICATIONS: The treatment of mild to moderately severe infections due to penicillin G susceptible organisms including streptococcal pharyngitis, staphylococcal infection without bacteremia and pneumococcal infections, which usually respond to oral therapy; to prevent recurrences following rheumatic fever and/or chorea. To prevent bacterial endocarditis in patients with congenital and/or rheumatic heart lesions, prior to undergoing dental procedures or minor upper respiratory tract surgery or instrumentation; for the prevention of bacteremia following tooth extraction. following tooth extraction.

CONTRAINDICATIONS: Patients with a history of penicillin or cephalosporin allergy; oral therapy not recommended in the active treatment of syphilis, subacute bacterial endocarditis, diphtheria, gas gangrene or other severe infections due to penicillinsusceptible organisms.

WARNINGS: Serious and occasionally fatal hyper WARNINGS: Serious and occasionally fatal hypersensitivity reactions, more likely in individuals with a history of sensitivity to multiple allergens, reported with penicillin therapy. Individuals with a history of penicillin hypersensitivity have experienced severe reactions when treated with cephalosporin. Anaphylaxis, though more frequent following parenteral therapy, has occurred with oral penicillin, and must be treated promptly by cessation of drug therapy and with epinephrine. Milder reactions of the hypersensitivity types may be relieved with antihistamines. antihistamines

PRECAUTIONS: Should not be administered un-PRECAUTIONS: Should not be administered unless enquiry has been made to ensure that the patient has had no previous allergic reactions to penicillin; should be used with caution in individuals with histories of significant allergies and/or asthma. As with any antibiotic, prolonged use and treatment with high doses may result in overgrowth of nonsusceptible organisms, including fungi. The oral with high doses may result in overgrowth of nonsusceptible organisms, including fungi. The oral
route of administration should not be relied upon
in patients with severe illness or with nausea,
romiting, gastric dilatation, cardiospasms or intestinal hypermotility. In streptococcal infections
therapy must be sufficient (a minimum of ten
days) to eliminate the organism, as shown by
culture; otherwise the sequelae of streptococcal
disease may occur. Occasional patients will not
absorb orally therapeutic amounts.

ADVERSE REACTIONS: Although much less ADVENSE REACTIONS: Although much less frequently after oral than after parenteral penicillin therapy, all degrees of hypersensitivity including fatal anaphylaxis have been observed with oral penicillin. The most common reactions are nausea, vomiting, epigastric distress, diarrhea and black, hairy tongue. The hypersensitivity reactions noted are skin eruptions (ranging from maculopapular to according to the property of the prop are skin eruptions (ranging from maculopapular to exfoliative dermatitis), urticaria: reactions resembling serum sickness, including chills, fever, edema; and anaphylaxis. Fever and eosinophilia may frequently be the only reactions observed. Hemolytic anemia, leukopenia, thrombocytopenia, neuropathy and nephropathy are infrequent reactions and are usually associated with high doses of parenteral penicillin.

DOSAGE SUMMARY: Dosage should be individualized according to the sensitivity of the causative microorganisms and severity of the infection and adjusted to the clinical response of the patient. For maximal absorption of penicillin G, drug should be given when the stomach is empty, e.g., no later than one-half hour before a meal or no earlier than 2 hours after.

2 hours after. The usual dosage range for adults and children 12 years and over is 250,000 up to 500,000 I.U. three to four times a day. Therapy for children under twelve years of age is calculated on the basis of body weight. For infants and small children, the suggested daily dose is 25,000 to 90,000 I.U. (15 to 50 mg.) per for in these to six divided doses.

per kg. in three to six divided doses.
DETAILED INFORMATION AVAILABLE ON REQUEST

REQUEST
HOW SUPPLIED
No. 994—'PVF'* 500 Suspension. Each 5 ml.
teasponful, fruity flavoured, orange colour, contains:
500,000 L.U. (300 mg.) of Phenoxymethyl Penicillin
as Benzathine salt, and is supplied in bottles of
100 ml. and 450 ml. (16 fl. oz.)
No. 993—'PVF'* 250 Suspension. Each 5 ml.
teaspoonful, fruity flavoured, canary yellow colour,
contains: 250,000 l.U. (450 mg.) of Phenoxymethyl
Penicillin as Benzathine salt, is supplied in bottles
of 100 ml. and 450 ml. (16 fl. oz.)
No. 860—'PVF'* K 500 Tablets, 500,000 l.U.
(300 mg.) each, of Phenoxymethyl Penicillin as
Potassium salt, are white, round, 7/16" diameter,
upper surface engraved PVF with score line, are

supplied in bottles of 20 and 500.

Membe PMAG (MC-218)



and Judge has recommended a daily minimum intake of 60 meq. The true values are difficult to estimate, but they probably lie around 50-60 meg. a day.

With these facts in mind, we have investigated the content of potassium in 245 daily food portions of a group of 67-year-old pensioners (n = 37) in southern Sweden by double-portion technique. The double portion is a copy as exact as possible of the food and drink consumed during one day. The pensioners had a daily median intake of 53 meq. for men and 44 meq. for women. Only 6 out of the 17 male and 3 out of the 20 female pensioners had a daily potassium intake over 60 meg. If we accept 50-60 meq. as the normal daily requirement, almost the whole group had a relatively low daily intake. Elderly women seem to be affected more seriously. This factor may be of great importance when elderly patients with hypertension are subjected to prolonged diuretic therapy. At the moment we are investigating the daily intake and elimination of potassium in a large group of women with hypertension. We have also observed that low potassium intake is always associated with a low magnesium intake.

> Swedish physicians' letter in The Lancet, September 20, 1975.

Polio is Forgotten But Far From Dead

Poliomyelitis provides one example of the modern problem of epidemiological surveillance of a formerly epidemic infection which has almost disappeared as a result of effective control measures. Reduced awareness of this now unfamiliar disease may not only encourage neglect of the immunization that is essential for continued control of poliomyelitis but can also decrease the accuracy and speed of clinical recognition of cases. Notifications could then give a falsely optimistic impression of the degree of control of the disease. Virological data from diagnostic laboratories will not reveal the true situation unless clinical suspicions have caused specimens to be sent to the laboratories.

During the five years 1970-74 11 cases of paralytic poliomyelitis were detected in Scotland. Polioviruses were isolated from three incompletely or unvaccinated adults, two type 1 and one type 2 – the last being vaccinerecipient-associated. From the other eight no virus was isolated because fecal specimens were submitted too late or not at all - in one case not until an orthopedic surgeon was consulted about weak and wasted thumb muscles. Serological tests were too late to detect diagnostic rising antibody titres, but unusually high titres suggested recent poliomyelitis in all. Provisional diagnosis had included multiple sclerosis, neurological and psychiatric disorders. The patients diagnosed serologically included four children (three preschool) and four adults. One illness started in Majorca and one shortly after return from Spain, both involving adults - a reminder that immunity to poliomyelitis may be as important as that to typhoid for visitors to our usual warm, sunny vacation resorts.

Physicians' letter in the British Medical Journal, August 2, 1975.

Rising Numbers of Teenage Smokers

Surveys indicate that the number of U.S. teenagers who regularly smoke cigarets has increased from 12 percent in 1968 to 16 percent in 1974, Dorothy E. Green, PhD, said at the World Conference on Smoking and Health sponsored by The American Cancer Society and the National Cancer Institute.

The increase in smoking has taken place almost exclusively among girls, said Dr. Green, a consultant research psychologist from Arlington, Va. The surveys also indicated that teenagers from homes with one parent were more likely to smoke than teens from homes with both parents, she continued. Smoking occurred more often among teens with less educated parents than among those with better educated parents.

Teens with parents who used cigarets were more likely to smoke than those with no parent who smoked, and the likelihood of a teenager smoking was amplified if a parent and an older sibling smoked, Dr. Green said.

Smoking among teens was influenced by peer groups as well as by the family. Nine out of ten teenagers who smoked acknowledged that at least one of his four best friends smoked on a regular basis; only one in three nonsmoking teens acknowledged a smoker among his four best friends.

> Family Practice News, September 15, 1975.



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Apresoline the unique "ADD ON" antihypertensive

INDICATIONS: Various forms of hypertension: fixed essential hypertension, whether of benign or malignant character; hypertension associated with acute and chronic glomerulonephritis; nephrosclerosis; hypertensive toxemias of pregnancy, pre-eclampsia, and eclampsia.

DOSAGE: Hypertension: Orally: In general after initiating therapy gradually increase dosage, adjusting according to individual response. As a single agent, initially 10 mg, four times daily increasing slowly to a maximum practical dosage of 200 mg daily. In combination with other hypotensive agents, lower dosages of APRESOLINE will be appropriate.

Parenterally: When there is urgent need, therapy in the hospitalized patient may be initiated intravenously or intramuscularly. Usual dose is 20 to 40 mg, repeated as necessary. Certain patients, especially those with marked renal damage, may require a lower dose. Pressure may begin to fall within a few minutes after injection, with an average maximal decrease occurring in 10 to 80 minutes. Most patients can be transferred to oral APRESOLINE within 24 to 48 hours.

Toxemia of Pregnancy: a) Early toxemia and hypertension of pregnancy: One 10-mg tablet orally 4 times daily, slowly increasing the dosage up to 400 mg per day, or until a therapeutic result is obtained.

b) Late toxemia and pre-eclampsia: Give 20 to 40 mg intramuscularly, or slowly by direct intravenous injection or infusion. Repeat as necessary.

SIDE EFFECTS: Tachycardia, headache, palpitation, dizziness, weakness, nausea, vomiting, postural hypotension, numbness and tingling of the extremities, flushing, nasal congestion, lachrymation, conjunctival injection, dyspnea, anginal symptoms, rash, drug fever, reduction in hemoglobin and red cell count, giant urticaria, and a lupus-like syndrome (arthralgia) in some cases following administration for long periods.

CAUTIONS: Use cautiously in the presence of advanced renal damage and recent coronary or cerebral ischemia. APRESOLINE may potentiate the narcotic effects of barbiturates and alcohol. Peripheral neuritis evidenced by paresthesias, numbness and tingling has been observed. Published evidence suggests an anti-pyridoxine effect and addition of pyridoxine to the regimen if symptoms develop.

OVERDOSAGE: *Symptoms:* Hypotension and tachycardia.

Treatment: Gastric lavage or, in the absence of coma, emetics. In the presence of hypotension, cautiously give norepinephrine (intravenously) or ephedrine to raise the blood pressure without increasing tachycardia. Avoid epinephrine. General supportive measures include intravenous fluids, external heat, and elevation of foot of bed.

SUPPLIED: All forms contain hydralazine hydrochloride. Tablets of 10 mg (yellow, scored); bottles of 100. Tablets of 25 mg (blue, coated); bottles of 100 and 500. Tablets of 50 mg (pink, coated); bottles of 100 and 500. Ampoules of 1 ml aqueous solution containing 20 mg; boxes of 10.

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PRO-BANTHINE — selectively blocks impulses of the vagus nerve at parasympathetic ganglia and effector sites and at sympathetic ganglia.

PRO-BANTHINE — proven therapy in the treatment of peptic ulcer, also gives prompt, predictable relief of pain, spasm and hyperacidity in

Gastritis Functional Gastrointestinal Disorders Parasympathotonic Spasm Biliary Dyskinesia Convenient Dosage Range and Forms

Pro-Banthīne 7.5 mg — half strength

Pro-Banthīne 15 mg — regular strength

Pro-Banthīne Injectable 30 mg — for prompt anticholiner-gic-antispasmodic action (I.M. or I.V.)

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Also available: Pro-Banthīne with Dartal and Pro-Banthīne with Phenobarbital.

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Searle Pharmaceuticals

Oakville Ontario

Pancreatitis

Pro-Banthine

for more than peptic ulcer

INDICATIONS

INDICATIONS

Pro-Banthine is indicated in peptic ulcer, functional gastrointestinal disturbances, ulcerative collis, biliary dyskinesia, chronic hypertrophic gastritis, pylorospasm, acute and chronic pancreatitis, hypermotility of the small intestine not associated with organic change, ileostomies, irritable colon syndrome, diverticulitis, ureteral and urinary bladder spasm, hyperhidrosis.

CONTRAINDICATIONS

Glaucoma
Obstructive disease of the gastrointestinal tract
Obstructive uropathy due to prostatism
Intestinal atony of elderly or debilitated patients
Toxic megacolon complicating ulcerative colitis
Hiatal hernia associated with reflux esophagitis
Unstable cardiovascular adjustment in acute
hemorrhage

PRECAUTIONS

Patients with severe cardiac disease should be given this medication with caution if even a slight increase in heart rate is undesirable. Fever and heat stroke may occur due to anhid-

rosis.
Varying degrees of urinary hesitancy may occur in elderly patients with prostatic hypertrophy. In such patients urinary retention may be avoided if they are advised to micturate at the time of taking the medication.

A decrease in bronchial secretion may lead to inspissation by these secretions and formation of mucus plugs especially in the elderly or debilitated with chronic pulmonary disease.

ADVERSE FEFFCTS

Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, imponence and allergic dermatitis. Some of these effects are dose related.

DOSAGE AND ADMINISTRATION

Oral: Dosage should be individualized
Pro-Banthine tablets (7.5 mg and 15 mg): the
usual adult dosage is 7.5 mg to 15 mg of propantheline bromide with meals and 15 mg to 30
mg at bedtime. Patients with severe manifestations may require increased dosage up to 30 mg
four times a day.
Pro-Banthine P.A. (30 mg): the usual adult dosage is one tablet in the morning and one at night.
Occasionally patients may require one tablet
every 8 hours.

Parenteral: Initial parenteral dose may be 30 mg or more every 6 hours intramuscularly or intravenously, depending on the condition for which it is administered and the requirements for

it is administered and the requirements for prompt action.

I.M. solution — prepared by sterilizing the rubber cap with alcohol and injecting 1 ml of U.S.P. sterile water for injection into the ampoule. I.V. solution — recommended that the contents of the 30 mg ampoule be dissolved in 10 ml of U.S.P. sodium chloride injection.

COMPOSITION AND AVAILABILITY

Pro-Banthine 7.5 mg: each white, round, convex, sugar-coated tablet imprinted "Searle" on one side and "611" on the other contains 7.5 mg of propantheline bromide. In bottles of 100 tablets.

Pro-Banthine 15 mg: each peach-coloured, sugar-coated tablet imprinted "Searle" on one side and "601" on the other contains 15 mg of pro-pantheline bromide. In bottles of 100, 1000 and 2500 tablets.

In bottles of 100, 1000 and 2500 tablets.

Pro-Banthine P.A. (Prolonged Acting): the core of each capsule-shaped, compression-coated, peach-coloured tablet, impressed "Searle" on one side and "651" on the other contains 30 mg of propantheline bromide in the form of sustained-release beads, about half being released within one hour of ingestion and the remainder released slowly as earlier increments are metabolized. In bottles of 50 and 500 tablets.

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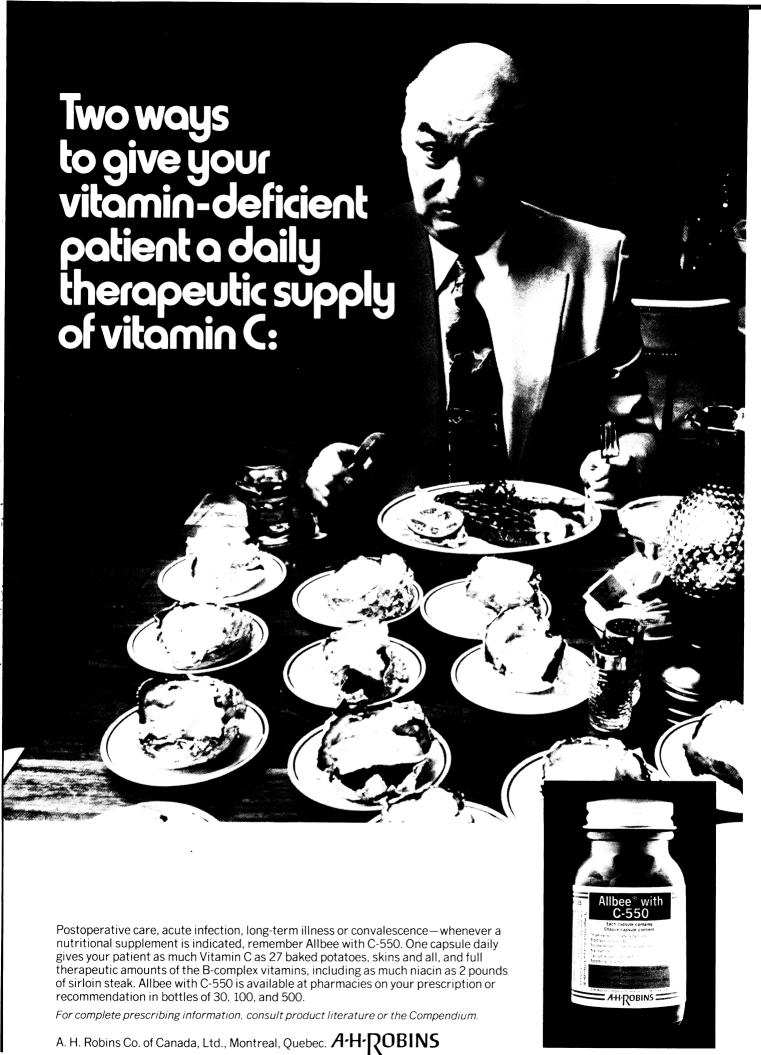
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Ontario Preceptors Needed

The Undergraduate Education Committee of the College's Ontario Chapter is looking for physicians to act as summer preceptors for students who have just completed their second year of medical school.

This program, which is funded by the provincial government, has placed over 130 students in community practices since its inception in 1970. The students receive \$400 per month from the Ontario government, to a maximum of \$1,200 for any one summer. Participating physicians are paid at the same rate.

The program is designed to expose students to family practice early in their training, so that they will have a realistic idea of family medicine as a possible career choice. Preceptors are encouraged to expose the student to all areas of family medicine. For those who feel the need for some training in teaching, the Ontario Chapter sponsors a spring preceptors' training workshop, designed specifically for this program.

Preceptors are asked to take students for one, two, or three month periods. Interested physicians should fill out the form below and mail it to the Ontario Chapter office.

Ontario Preceptorship Program

Name:				
Address:				
College member				
Certificant in family medicine yes □ no □				
Willing to participate for one ☐ two ☐ three ☐ months.				
Previous participant: ves □ no □				
Mail to:				
Chairman, Undergraduate Education Committee,				
Ontario Chapter, College of Family Physicians of Canada 4000 Lesie St., Don Mills, Ont.				

POSITIONS VACANT

FAMILY PRACTITIONERS/EDUCATORS — WANTED. Established, innovative, growing program now has two openings for associate directors, to supervise satellite (local) family practice centers. This is a good place to break into academic family practice. Orientation, tutoring period will be planned. Excellent affiliation and teaching appointments available with Michigan State University Medical School. Good salaries and fringe benefits. For further information contact: H. E. Crow, MD, Director, Family Practice Residency Program, E. W. Sparrow Hospital, Lansing, Michigan 48902. Phone: (517) 487-9200.

FAMILY PHYSICIAN needed immediately to join well established clinic in Haliburton, Ont. Newly constructed office, lab and hospital. Ample time off to enjoy wealth of recreation. Nights and weekends shared equally among four. Minimum guaranteed plus generous percentage. *Phone collect* (705) 457-2211.

FAMILY PHYSICIAN required to join seven man group in southern Alberta town; 72 bed hospital. Partnership after one year if acceptable. Salary negotiable. Preference to graduate from accredited family practice residency program. Contact: A. M. Purvis (Business Manager) or Dr. R. D. Campbell at Box 999, Taber, Alta. TOK 2GO.

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EXCELLENT FAMILY DOCTOR LOCATION. Very busy Downsview practice location in modern building. Complete X-ray and lab facilities. Close to new hospital with full GP privileges. New patients looking for new GP's. Reply to: Drs. L. Grover or R. Fox, 2065 Finch Ave. W., Suite 307, Downsview, Ont. M3N 2V7 or phone: (416) 745-7455 or 745-7457.

BURLINGTON, ONT. (near Hamilton). Attractive new plaza, now space available for medical offices. Reply to: TRIGON, 1001 Finch Ave. W., Suite 212, Downsview, Ont. Attention Mr. M. Greiver. Telephone (416) 630-2731, 636-2058.

LOCUM TENENS

LOCUM positions available in British Columbia, beginning January 1976. Salary \$3000 per month. Reply stating education credentials, year of graduation, LMCC, provincial registrations held, and date(s) available, (minimum two month interval) to Dr. M. J. Scott, 3554 West 22nd Ave., Vancouver, B.C. V6S 1J3.

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Dosage

Edema — 100 to 200 mg daily may be required initially to produce the desired response in severe cases of edema. When "dry" weight is reached, average maintenance doses of 100 mg daily should suffice.

50 to 100 mg daily will usually control mild to moderate cases of edema. Dosage level should be adjusted individually as it is often dependent on the patient's salt intake.

Hypertension — 100 mg daily will usually produce the desired response. Once reduction of blood pressure has been attained, mild cases are often controlled on 50 mg daily, while more severe cases may require a higher maintenance dosage. Dosage level should be adjusted individually as it is often dependent on the patient's salt intake.

Note: Divided doses are unnecessary and a single daily dose given in the morning with food is recommended.

The therapeutic effect of Hygroton occurs even without strict salt restriction and is well-sustained during continued use. Its saluretic effect is sufficiently distinct from that of other sulfonamide diuretics so that it may be employed successfully in a high proportion of patients who are intolerant of other agents or who become refractory to them.

Contraindications Complete renal shutdown.

Precautions

Maintain moderate sodium intake, unless inadvisable, and consider dietary or other potassium supplement. Close observation should be maintained in the presence of cirrhosis, diabetes, gout and digitalis therapy. There is the possibility of hyperuricemia or hyperglycemia. As with any drug, Hygroton should not be used during the first trimester of pregnancy unless in the opinion of the prescribing physician, the potential benefits outweigh the possible risks.

Side Effects

Rarely serious. Occasionally, transient symptoms such as nausea, headache, weakness or dizziness are observed.

Availability

Hygroton 100 mg Each white scored tablet engraved contains 100 mg chlorthalidone Geigy Standard.

Hygroton 50 mg Each yellow scored tablet engraved contains 50 mg chlorthalidone Geigy Standard.

Supplied in bottles of 50 and 500 tablets.

Full information is available on request.

Geigy Dorval P.Q., H9S 1B1

G-3165 R

M2K 2R9

Target: gastro-intestinal disorders

Dual attack with Librax®

Specifically formulated to control both the emotional and somatic factors.



Librax® Roche® Rx Summary: Composition: Each 'Librax' capsule contains chlordiazepoxide HCI 5 mg and clidinium Br 2.5 mg.
Indications: Control of hypersecretion, hyper-

motility and emotional factors associated with gastrointestinal disorders such as peptic ulcer, gastritis, nervous dyspepsia, cardiospasm and pylorospasm, biliary dyskinesia, irritable or

spastic colon.

Precautions: Abstinence from alcohol during treatment. Until dosage is etablished, caution whenever mental alertness or physical co-ordi-

nation is required. Periodic blood counts and liver function tests advisable in long-term use.

Contraindications: Glaucoma. Caution in prostatic hypertrophy.

Dosage: Average dose in adults: 1 or 2 capsules 3 or 4 times daily before meals and at bedtime.

Supply: Capsules: 100 and 500.

Information on request



ROCHE Hoffmann-La Roche Limited Vaudreuil, Quebec



"Gentle persuasion sums it up!" Metamucil is a natural source preparation that produces a gentle action.

Metamucil, refined and purified from natural psyllium seed, works gently but firmly. It does not depend on chemical irritants, methylcellulose or other synthetic laxative agents for its effect.

Mixed with a cool liquid, Metamucil passes

through the digestive system to promote soft, fully-formed stools and gentle, yet definite urging of peristalsis followed by easy passage and elimination. Regular bowel function usually takes place without stress, strain, irritation, or cramping.

Importantly, Metamucil is non-habit-forming and may be prescribed for short or long term therapy. The dosage can be individually regulated.

SEARLE

Available as Metamucil Powder and flavoured, effervescent Instant Mix.

Metamucil^{*}

Prescribing Information

INDICATIONS: For the relief of chronic, atonic, spastic and rectal constipation and for the constipation accompanying pregnancy, convalescence and advanced age. For use in special diets lacking in residue and as adjunctive therapy in the constipation of mucous and ulcerative colitis and diverticulitis. Also useful in the management of hemorrhoids and following anorectal surgery.

CONTRAINDICATIONS: Presence of nausea. vomiting, abdominal pain or symptoms of an acute abdomen or fecal impaction. Metamucil Instant Mix is contraindicated in patients who must severely restrict their dietary sodium intake

PRECAUTIONS: For patients, such as those suffering from diabetes mellitus, where rigid dietary calorie control is required:

Powder - 1 dose furnishes 14 calories. Instant Mix - 1 dose furnishes 3 calories

DOSAGE: Powder - one rounded teaspoonful of powder 1 to 3 times daily depending on the condition being treated, its severity and individual responsiveness. The teaspoonful of powder is stirred into an 8 oz. glass of cool water or other suitable liquid and should be taken immediately.

Instant Mix - one packet 1 to 3 times daily depending on the condition being treated, its severity and individual responsiveness. The contents of the packet are poured into an 8 oz. glass to which cool water is then slowly added. The resulting effervescent mixture should be taken immediately

SUPPLIED: Powder - a refined, purified and concentrated vegetable mucilloid, prepared from the mucilaginous portion of Plantago ovata, combined with dextrose as a dispersing agent. Each rounded teaspoonful contains approximately 3.1 g of psyllium hydrophilic mucilloid per dose, a negligible amount of sodium, and furnishes 14 calories.

Available in 6 and 12 oz. plastic bottles.

Instant Mix — premeasured unit-dose packets. Each unit-dose packet contains 3.6 g of psyllium hydrophilic mucilloid with effervescent and flavouring excipients, 0.25 g of sodium as bicarbonate, and furnishes 3 calories. Available in boxes of 15 unit-dose packets.

NATURAL BOWEL MANAGEMENT THAT BENEFITS MANY KINDS OF PATIENTS.

Complete prescribing information available on request (or in C.P.S.).



SEARLE Searle Pharmaceuticals Oakville, Ontario

- The Treatment of Alcoholism (Larkin), July p. 102
- The Treatment of Chronic Pain (Hart) Sept. p. 146
- Twenty Years of Community Medicine (Curry et al.), May p. 137
- The Way Your Body Works (Stonehouse), Aug. p. 93
- The Womanly Art of Breastfeeding (La Leche League), April p. 129

bowel disease, low fiber diet and, May p. 21

C

- le cancer chez l'enfant, jan. p. 149
- diagnosis, colposcopy in cervical, Sept. p. 32
- diagnosis, scintiscan methods in, Jan. p. 79
- educating the public, April p. 9
- fear of, Jan. p. 98
- herpes, immunological study of, Oct. p.
- l'information du public, mai p. 145
- pain control in terminal, Jan. p. 72 - pap smears, evaluating abnormal, Jan. p. 75
 - research award, May p. 29
 - trends in management of, Jan. p. 69
- volunteers, Jan. p. 103

carbohydrates in metabolism, April p. 69 CARD program, Aug. p. 22

career characteristics of family medicine residents, Feb. p. 151 CARES, abortion referral service, March p.

7. April p. 159 cervical disc lesions, cause of headache,

March p. 17 cholesterol, no safe level of, Dec. p. 20

College of Family Physicians of Canada

- l'admissibilité des candidats à l'examen de certification, 1976, nov. p. 114
- Board of Directors' meeting, May p. 9, Sept. p. 9
- certification examination, March p. 15, p. 118; July p. 17; August p. 9
- conseil des directeurs, juin p. 158; Oct. p. 140
- examen de certification, 1975, août p. 101
- future of, June p. 9
- l'histoire du, juillet p. 106
- history of, June p. 13; (letter), Aug. p. 16
- involvement with WONCA, June p. 41
- journal, l'histoire du, juillet p. 104
- journal, history of, June p. 6
- President's view of, June p. 37
- les principaux travaux en 1975, fév. p. 162
- les priorités en 1975, mars p. 155
- priorities for 1975, Feb. p. 9
- relations with OMA (letter), Jan. p. 20
- research by, June p. 33

child

- behavior, abnormal, Oct. p. 56
- birth, (editorial) May p. 7; physical examination at, Oct. p. 20
- developmental assessment of May p. 58
- learning disorders in, March p. 82
- obesity, preventing, April p. 72
 parent interaction, May p. 63
- school phobia and the role of mothers, Nov. p. 24

chronic illness register, modified E book, July p. 35

classification of diseases, Feb. p. 49 clindamycin, unusual reaction to, (letter), May p. 15

clinic, community, Carnduff, Sask. (letter), Jan. p. 21

cluster headache (letter), Feb. p. 13 cold, common, (letter), Jan. p. 21 colitis, drug therapy for, April p. 19

collagen diseases, diagnosis and assessment

communication

- appeler les choses par leur nom, nov. p. 113
- basics in human communication (editorial), Oct. p. 7
- in family practice, May p. 43
- community hospital, medical students in, Oct. p. 114
- consent - need for written, Sept. p. 53
- problems of, Jan. p. 39 contracting costs, Feb. p. 35 contraception
 - blindness blamed on pill, April p. 21
 - IUD a passing phase, Sept. p. 33
- parental consent for minors, Sept. p. 55 coroner's inquest, March p. 47
- correctional medicine, association of, (letter), Sept. p. 21 cosmetics
 - a minor hazard, Nov. p. 24
 - recall of, March p. 31

costs of medical practice, March p. 39 court, the doctor in, April p. 39 credit, medical charge card (letter), Sept. p. 19

D

data collection in family practice, April p. 47 day care, psychiatric, Oct. p. 61 depression, etiology of, Sept. p. 45 developmental assessment of children, May p. 58 diabetes in pregnancy, Dec. p. 19 disability, assessing permanent, July p. 60

disease, etiology of, in Africa, Jan. p. 31 distal urethral stenosis in the female, Dec. p. 47

doctor-patient relationship, conflicts in, Sept. p. 67

Down's syndrome, increase in younger mothers, July p. 23

drogue, les nouveaux visages de la, mars p.

drugs

- adequate information lacking on, April p. 22
- adverse reactions to, Nov. p. 67; (letter), July p. 13
- advertising code for non-prescription. Feb. p. 19
- advertising in medical journals (editorial), Nov. p. 7
- diagnosis before prescribing, Oct. p. 17
- distribution of illicit drugs in Canada, Feb. p. 25
- educating the aged, June p. 61
- mind altering, use of, Oct. p. 19
- mood-modifying, alternatives to, Nov. p. 60
- neurological disorders and, Nov. p. 52
- preclearance of ads, Aug. p. 23
- prescribing psychotropic, Nov. p. 60
- reaction to, Oct. p. 21
- road accidents and, May p. 29
- therapy, optimizing, Oct. p. 21

Ε

E book

- -modified to Chronic Illness Register, July p. 35
- use of in family practice, Oct. p. 29 écriture médicale, août p. 100 edema, idiopathic cyclic, Aug. p. 52 education
 - objectives for training family physicians, April p. 117
- undergraduate, by community physicians, June p. 127 elderly, social needs of, Nov. p. 85 emergencies, psychiatric, Oct. p. 68
- emergency dept. care, by family physicians, Sept. p. 31

happiness is a dry bed

enuresis - when he can't help it... TOFRANIL® can.



See prescribing Information, Page

Geigy

G-4008

Tofranil[®]

Anti-Enuretic/Antidepressant

- 1. Bindelglas, P. M., et al:
- Amer. J. Psychiat. 124: 1107-1112, 1968. 2. Poussaint, A. F., et al: J. Pediat. 67: 283-290, 1965. 3. Kardash, S., et al:
- - Can. Med. Assoc. J. 99: 263-266, 1968.

Brief prescribing information

Indications

1 Depression

Neurotic or psychotic depressions including: reactive depression, endogenous depression, involutional melancholia

senile depression.

the depressive phase of manic-depressive psychosis, depression associated with organic diseases, depression associated with other psychiatric disorders (i.e.: schizophrenia, alcoholism, mental deficiency)

2 Persistent functional childhood enuresis

DosageThe following dosage recommendations should be used as a guide.

Enuracio

For persistent, functional enuresis which has not For persistent, functional enuresis which has not responded to other forms of management, a therapeutic trial with Tofranil may be considered for children between 5 and 15 years old, who are not mentally defective, and in whom organic causes of enuresis have been excluded. The recommended dosage for such a trial is 10-25 mg one hour before bedtime for children 5 years or over. If there is no response, the dosage may be increased up to 50 mg, in children 12-15 years old. The trial period should be 2-4 weeks.

If there is a relapse, the treatment can be repeated but the drug should not be given for more than two months without discontinuing its administration and assessing the need for further drug therapy. Because the margin of safety is lower in children, the recommended dose should not be exceeded and the minimum effective dose should be used at all times. Tofranil is not otherwise recommended in children.

Depression

Except in elderly patients, adolescents or children: one tablet (25 mg) three times daily initially, increased up to six tablets daily, if necessary. Dosage in excess of eight tablets (200 mg) daily is not recommended for office patients. More severe and hospitalized cases may require up to 300 mg daily. In elderly patients and adolescents: 30-40 mg daily, initially, increased by 10 mg daily to a maximum of 100 mg in the elderly.

Contraindications

Concurrent use of monoamine oxidase inhibitors is an absolute contraindication. Two weeks should elapse before Tofranil is prescribed for patients who have received MAOI drugs.

Utmost caution is recommended when Tofranil is used in patients with coronary thrombosis, angina pectoris, congestive heart failure, disorders of cardiac rate or rhythm or conduction, prostatic disorders with potential urinary retention, and glaucoma. If any patient develops fever, sore throat, and stomatitis, the drug should be discontinued and a complete differential white cell count performed.

As with any drug, Tofranil should not be used during the first trimester of pregnancy unless in the opinion of the prescribing physician, the potential benefits outweigh the possible risks.

Side Effects

Most are related to its pharmacological anticholinergic action, such as, xerostomia, disturbances of accommodation, tachycardia, constipation and sweating. Some cases of hypotension and changes in atrioventricular conduction time have been reported. Although rare, tremor, skin rashes and blood dyscrasias may occur.

Availability

Each coral sugar-coated round tablet branded in white, contains 25 mg imipramine HCl Geigy Standard. In bottles of 100 and 1,000.

Also supplied in 10 mg triangular and 50 mg round, coral sugar-coated tablets branded in in white. Available in bottles of 50 and 500

Full information is available on request.



G-4008

- Ottawa Civic Hospital (letter), Jan. p. 23
- utilization of, Jan. p. 115
- utilization and social class, Feb. p. 117 encephalitis, Western, May p. 31

endocrinology, hypothalamic hormones, Aug. p. 45

enfant, le cancer chez l'enfant, jan. p. 149 Epidemiological Bulletin, April p. 17 epiglottitis, prevalence of, Aug. p. 55 epistaxis, serious cases of, June p. 59 euthanasia

- legal aspects of, June p. 72
- passive, July p. 22

exercise testing, graded, March p. 102 eye examination

- -- basic, June p. 107
- of the newborn, May p. 67 eye injuries, Nov. p. 25

family dynamics, Sept. p. 37 family physician

- educational objectives for, April p. 117
- term a misnomer (letter), Feb. p. 15 family practice
 - CFPC and, June p. 37
 - communications in, May p. 43
 - data gathering in, April p. 47
 - growth projections for academic, Jan. p. 135
 - profile of, Sept. p. 113
 - prospective medicine and, June p. 56
 - research in, Feb. p. 52
 - residents and the learning process, Aug. p. 86
 - residents, career characteristics of, Feb. p. 151
 - rural, (letter), March p. 17
 - small town, April p. 35
 - students, social worker teaching, May p. 117
 - teacher training programs for, Oct. p.
 - teaching programs, student acceptance of, Oct. p. 114
 - training, current status of, July p. 9

unit, physical therapy in, Sept. p. 100 family therapy, Oct. p. 53 fear in cancer patients, Jan. p. 98

fees, doctors', (letter), Feb. p. 13 fetal maturity, determining, Sept. p. 32 fetus, personality of, (letter), Aug. p. 16

fiber, low fiber diet and bowel disease, May p. 21

financial planning for families, Jan. p. 45 food, nutritional value of, (editorial), April p. 7

foot problems, ill-fitting shoes cause of. June p. 65

formation, la formation en médecine familiale, sept. p. 151

G

genetic counselling, Sept. p. 33 genetics, understanding, June p. 57 genitourinary malignancies, diagnosis and treatment, Dec. p. 38 geriatrics

- neglect of the aged, July p. 19
- social problems of, Nov. p. 85

German measles, testing in pregnancy, Feb. p. 83 gonorrhea

- epidemiology of control, May p. 99
- management of acute, May p. 112
- spectinomycin in treatment of, May p. 107

Halifax Youth Clinic, Nov. p. 60 hand injuries, treatment of, July p. 46 handicapped, therapy for, Nov. p. 30 HCG in treating obesity, March p. 27 health care

- complaint hearings in Ontario, Aug. p.

- evaluation seminar, June p. 91
- in Canada, Jan. p. 31
- new literature on, and the law, Feb. p. 29
- patients' attitudes towards, (editorial). Sept. p. 7
- planning by physicians, March p. 27
- research, issues in, Aug. p. 35

health centre, attitudes towards rural, (letter), Oct. p. 13

health guide for travellers (letter), Nov. p. 15

heart

- ischemic heart disease linked to soft water, May p. 26
- marijuana and coronary disease. Aug. p. 23
- myocardial infarction treatment of Jan. p. 32
- physical exercise and post coronary rehabilitation, Sept. p. 121
- stroke rehabilitation, Dec. p. 20
- high risk of disease in, Dec. p. 20
- ventricular premature beat, March p. 28 hematuria, Dec. p. 44

Henderson Family Practice Centre, Oct. p. 79

herpes, immunological study of, and cancer, Oct. p. 19 Hippocratic oath, legal implications of, Feb.

p. 39

hormones, hypothalamic, Aug. p. 45 hyperactivity in children, July p. 25 hypertension

- diagnosis, precision in, July p. 21
- nature and treatment of, March p. 57
- therapy, effective, July p. 20 hyperventilation (letter), Feb. p. 15 hypoglycemia, June p. 47 hypoglycemics
 - heart disease and oral, March p. 25
 - the UGDP study of oral, Nov. p. 57

1

Idiopathic Cyclic Edema syndrome, Aug. p. 52

immunology, recent advances in, Feb. p. 69 income

- absence affecting, Oct. p. 25
- creating adequate, Aug. p. 29
- distribution formula, April p. 31; March p. 41
- tax write-offs, Aug. p. 29

infant

- asphyxiated newborn, resuscitation, May p. 71
- birthweight and bottle-feeding, July p. 19
- eye examination, May p. 67
- health in outpost area, May p. 75
- mortality in Northern Ontario, May p. 75
- obesity, preventing, April p. 72

inflammations génitales, anomalies congénitales et, déc. p. 74

influenza in Canada, Feb. p. 26

injection and aspiration of joints, tendons and bursae, Sept. p. 84

insurance forms, Jan. p. 41

International Women's Year, Canadian physicians and, Dec. p. 71 internship, incentive plan in Sask., Oct. p.

23 IPMA of America, Feb. p. 29

Jamaican Medical Congress, Jan. p. 20

Köbner phenomenon, psoriasis and varicella, Feb. p. 84

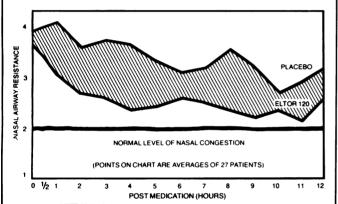
labels, self-adhesive, (letter), Aug. p. 17 learning

Eltor* 120 pseudoephedrine hydrochloride 120 mg

hydrochloride 120 mg Sustained Release Capsule nasal and sinus decongestant

24 hour relief with one capsule every 12 hours

- Potent nasal decongestant effectively reduces
 - congestion
 - excessive mucous secretions
 - nasal edema
- · Prompt onset with prolonged action
- Single entity decongestant contains no antihistamines





Both degree and duration of nasal decongestion — proven "

The latest objective measurement technique, in a double-blind placebo controlled trial demonstrates that Eltor 120 decreased nasal airway resistance (NAR), confirming the effectiveness of Eltor 120 in decreasing nasal congestion—and allowing for 12 hour continuous relief.

Indications: ELTOR 120 is indicated for conditions of acute coryza, sinusitis, and vasomotor or allergic rhinitis, by providing temporary nasal and sinus decongestion. It may also be used as an adjunct to antibiotics, antihistamines, analgesics and antitussives in the treatment of the above conditions.

Contra-indications: ELTOR 120 is contraindicated in patients receiving or having received MAO inhibitors in the preceding three weeks, and in patients with known hypersensitivity to the pressor amines.

Precautions: ELTOR 120 should be used with caution in hypertensive and diabetic patients; patients with latent or clinically recognized open angle glaucoma; patients with coronary artery disease; patients with congestive heart failure; patients with prostatic hypertrophy; hyperthyroid patients and patients with urinary retention.

Adverse Reactions: Adverse effects are uncommon with ELTOR 120, and mainly of a subjective nature. Headache, dizziness, insomnia, tremor, confusion, CNS stimulation, muscular weakness, dry mouth, nausea, vomiting, difficulty in micturition, palpitations, tightness in the chest and syncope, have been encountered.

Symptoms and Treatment of Overdosage:

Symptoms: Increase in pulse and respiratory rate, signs of central nervous system stimulation, disorientation, headache, dryness of the mouth, nausea and vomiting.

Treatment: Gastric lavage, repeated, if necessary. Acidify the urine and institute general supportative measures. If CNS excitement is prominent, a short-acting barbiturate may be used

Dosage: Adults and children over 12 years of age, one 120 mg capsule orally every 12 hours.

Supplied: In packages of 10's, 30's and bottles of 100 brown and orange capsules, each containing pseudoephedrine hydrochloride 120 mg.

Product monograph available on request.

Also available **ELTOR*LIQUID** pseudoephedrine hydrochloride syrup N.F.

containing 30 mg of pseudoephedrine hydrochloride per 5 ml teaspoonful, in an immediate-release form, to be administered 3 to 4 times a day, in the following dosages:

Children: 10-14 years, 1-2 teaspoonsful; 5-9 years, ½-1 teaspoonful; 2-4 years, ½-½ teaspoonful; under 2 years, as directed by physician.

Adults: 2 teaspoonsful.

Indications, contraindications, precautions, adverse reactions and symptoms and treatment of overdosage are the same as for Eltor 120.

Supplied: green, apple-flavoured liquid in 115 ml and 230 ml bottles.

**Unpublished data on file, Dow Pharmaceuticals Richmond Hill, Ontario, 1973



PMAC

DOW PHARMACEUTICALS

DOW CHEMICAL OF CANADA, LIMITED

RICHMOND HILL, ONTARIO

- McCAFFERY, M., Nous avons survécu, juillet p. 104
- McCAFFERY, M., L'excision du verbiage, août p. 100
- McCAFFERY, M., "Si on ne s'en charge pas, on se fera damer le pion? "C'est déjà fait, Sept. p. 150
- McCAFFERY, M., "Je n'y ai rien compris, mais ça doit être bien", Nov. p. 113
- McCAFFERY, M., Achète-t-on notre silence? Dec. p. 73
- MYRES, A. W., Obesity: It is Preventable In Infancy and Childhood? Apr. p. 73

NEWELL, J. P., Information From Family Practice - Why and How? Apr. p. 47 NIELSEN, J. S., Pain Control For Terminal Cancer Patients, Jan. p. 72

O

- O'BRIEN, D. B., Retinal Detachment, June n 112
- O'REGAN, J. B., Short Term Treatment of Phobias, Oct. p. 64

PERSAD, R. L., The Management of Acute Gonorrhea, May p. 112

R

- RACINE, P., Anomalies congénitales et inflammations génitales, déc. p. 74
- RAJPUT, A. H., Drug Therapy in Common Neurological Disorders, Nov. p. 52
- RAYMOND, R., Le cancer chez l'enfant, ian, p. 149
- REDDEN, C. S., Make Your Wife a Partner In Financial Planning, Jan. p. 45
- REDDEN, C. S., Office Organization, Feb. p. 33
- REDDEN, C. S., Rising Costs of Practice and What You Can Do About Them, Mar. p. 39
- REDDEN, C. S., Income Division In Groups: Dealing With Dissatisfaction,
- Apr. p. 31 REDDEN, C. S., Communications in Prac-
- tice, May p. 43 REDDEN, C. S., Patient Flow In A Well Organized Office, June p. 83
- REDDEN, C. S., Let Your Records Work For You, July p. 31
- REDDEN, C. S., Recruiting Medical Staff, Aug. p. 25
- REDDEN, C. S., Life Insurance, Sept. p. 47 REDDEN, C. S., Finding Time While Making Money, Oct. p. 25
- RICE, D. I., What Can We Expect in 1975? Jan. p. 17
- RICE, D. I., College Priorities For 1975, Feb. p. 9
- RICE, D. I., The Family Physician and Public Education, Apr. p. 9
- RICE, D. I., First Board of Directors' Meeting in New College Headquarters, May p. 9
- RICE, D. I., The College Comes of Age, June p. 9
- RICE, D. I., Family Medicine Training in Canada's Universities: Current Status,
- RICE, D. I., 1975 Certification Examination in Family Medicine, Aug. p. 9
- RICE, D. I., Highlights From Semi-Annual Meeting, CFPC Board of Directors, Sept.
- RICE, D. I., An Open Letter to Students and Residents Planning Careers in Family Medicine, Oct. p. 9
- RICE, D. I., Nos membres sont mécontents, jan. p. 147

- RICE, D. I., Que nous réserve 1975? fév. p. 162
- RICE, D. I., Les prioritiés du Collège en 1975, mars p. 155
- RICE, D. I., Le médecin de famille et l'information du public, mai p. 145
- RICE, D. I., Le Conseil tient sa premiére réunion dans notre nouveau secrétariat, juin p. 158
- RICE, D. I., Le Collège atteint sa majorité, juillet p. 106
- RICE, D. I., 1975 examen de certification, août p. 101
- RICE. D. I. La formation en médecine familiale dans les universités du Canada à l'heure actuelle, Sept. p. 151
- RICE, D. I., Faits saillants de la deuxiéme réunion semestrielle du Conseil des Directeurs, Oct. p. 140
- RICE, D. I., Lettre ouverte aux étudiants et résidents qui se destinent à la médecine familiale, Nov. p. 114
- ROSENBAUM, P., Parent-Child Interaction in the First Year of Life, May p. 63
- ROY, R. G., BARRY, R. E., Town and Gown Unite in Collaborative Program, June p. 127
- ROZOVSKY, L., Reporting Incidence: A Legal Viewpoint, May p. 91

- SCHATZ, D. L., How to Lose Weight? A Multiple Choice Question For Patient, Apr. p. 87
- SHEPHARD, R. J., Perspective On Air Pollution: The Canadian Scene, Aug. p. 67
- SIMARD-MAVRIKAKIS, S., Le traitement de l'obésité, avril p. 162
- SMITH, S. G., The POMR As a Teaching Aid, Sept. p. 140
- SMITH, V. A., GOLUBOFF, S., Psychiatric Emergencies In Family Medicine, Oct. p.
- SPASOFF, R. A., Patients' Attitudes Towards a Rural Health Centre, Aug. p. 59 SPASOFF, R. A., Time and Money in Family Practice, Nov. p. 37
- ST. GEORGE, I., Patients and Students: An Attitudinal Survey, Apr. p. 102

T

TY, M., Hematuria, Dec. p. 44

- VALENTINE, A. S., What Is Family Practice? Maybe The E Book Can Tell You, Oct. p. 29
- VAN WART, A. D., A Simplified Office Practice Record System, Feb. p. 103
- VAYDA, E., GENT, M., PAISLEY, L., Social Class and Emergency Department Utilization, Feb. p. 117

- WARNER, M. M., Conflicts in the Doctor/ Patient Relationship: A Short Research Report, Sept. p. 67
- WESTBURY, R., WONCA OKs ICHPPC, Feb. p. 49
- WILKINS, G. E., Clinical Utilization of Thyroid Function Tests, Aug. p. 48
- WOLAN, C. T. The Urological Examination in Family Practice, Dec. p. 30
- WORKMAN, D. G., CUNNINGHAM, D. G., Effect of Psychotropic Drugs on Aggression In a Prison Setting, Nov. p. 64
- WRIGHT, V. C., Evaluating Abnormal Pap Smears, Jan. p. 75
- WYATT, J. K., Distal Urethral Stenosis In the Female, Dec. p. 47

Locasalen

for the treatment of chronic eczema

Indications

OCASALEN is intended for the treatment of subacute to hyperchronic inflammatory and/or dysplastic skin diseases, as well as hyperkeratotic conditions in particular The indications for LOCASALEN thus include chronic constitutional eczema or neurodermatitis; chronic exogenous eczema irrespective of origin, (e.g.: skin disorders due to attrition, occupational eczema); chronic eczema of microbial or mycotic origin; tylotic eczema; hyperkeratosis as encountered in ichthyosis or chronic dyshidrosis; pustulosis of the palms and soles; lichen planus; chronic cutaeous lupus erythematosus; psoriasis

Dosage and Administration

As a rule LOCASALEN should be applied once or twice daily when dressings are not used and once daily when employed under occlusive dressing. It is not usually nec essary to cover the treated area. The thickness of the layer should vary depending on the nature and severity of the skin disorder, since in this way, it is possible to regulate moisture retention. In cases in which transitory exudative must be anticipated, LOCASALEN should be applied in a very thin layer, thereby allowing larger quantities of mois-ture to be released through the film of ointment. LOCASA-LEN can also exert an occlusive effect but only if applied in a thick layer. It penetrates well into the skin and when rubbed in thoroughly, leaves on the skin a transparent, oily film that can be removed with soap and water or a skin cleanser. Excess film can be removed relatively well with paper tissue, scarcely leaving any perceptible sheen.

Adverse Reactions

The local tolerability of LOCASALEN proved to be very good. Cases in which local irritation made it advisable to discontinue the medication accounted for less than 2% of the total number of patients treated. Adverse reactions consists mainly of local reddening of the skin, desquamation, pruritis and smarting.
LOCASALEN contains no preservatives, odour correcting

agents, emulsifiers, stabilizers or antibiotic supplements which have been recognized as potential sensitizers. Hypersensitivity to salicylic acid can occur; however, the incidence in the population as a whole is approximately

Systemic side effects attributable to the transcutaneous absorption of salicylic acid or flumethasone pivalate have not been reported. Absorption of salicylic acid does occur; however, investigations have shown that irrespective of the amount of LOCASALEN employed, and even applied under occlusive dressings, plasma concentrations of salicylic acid did not exceed ordinary therapeutic levels as a result of transcutaneous absorption. Investigations have shown that under extreme conditions—where 40 to 60 grams of ointment were applied daily to 80-90% of the body surface under occlusive dressings—plasma cortisol and urinary steroids have been observed to decrease below normal levels. This decrease proved transitory and was not accompanied by any clinical symptoms

Warnings
LOCASALEN is not indicated in acute weeping or suba cute exudative stages

As transcular exudances alongs. As transculaneous absorption of the salicylic acid component may give rise to systemic effects, LOCASALEN should not be applied to extensive areas of the skin in small children or pregnant women. Likewise corticosteroids are known to be absorbed percutaneously, therefore in patients requiring applications of LOCASALEN to extensive areas or for prolonged periods, adrenal function should be carefully monitored. All contact of the drug with the eyes, mouth, mucous membranes should be avoided. **Precautions**

If sensitivity or idiosyncratic reactions occur, LOCASALEN should be discontinued and appropriate measures taken. The safety of the use of topical corticosteroids in pregnant females has not been established. Therefore they should not be used extensively on pregnant patients in large amounts or for prolonged periods of time. Patients should be advised to inform subsequent physicians of the prior use of corticosteroids. In the presence of an infection, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favourable response does not occur promptly, LOCASALEN should be discontinued until the infection has been adequately controlled.

Contraindications

Tuberculosis of the skin, syphilitic skin affections, viral and acute fungal infections of the skin. Systemic fungal infections tions. This preparation is not for ophthalmic use. LOCASA-LEN is contraindicated in individuals with a history of hypersensitivity to its components.

Supplied

lumethasone Pivalate 0.02% and salicylic acid 3.0% ointment in tubes of 15 gm and 50 gm.

Dorval, P.Q.

for the ment of Achievant and Achievant and

Canada— Population 21,681,000 Estimated population of Canada

Statistics Canada, September 1, 1971.

those with edema

those with hypertension

Hygroton[®] it's worth considering